Vhs V	REF: AS	m(AXA)				* *		
Surregue XIIX	•	ASS10	INMENI					
From: Estimated Cost:	Date; 120 ⁻⁷	12018	Veh No.	SUB S				nr 29
OD (TP) WS / TP RES / OD	RES / EVA / INV / MV		Truck	/ Trailer or		, ,		0-1
To Inspect Vehicle No:	SLB 54357		Make:	Hon	da Cle	ze/ 1.5	c.c (496
at Workshop m/s	Control Delgro		Colour	whit.	e.	A/C: Inst	ired / Std / N	II / NA
of	205 Briddell	Rd	Sp.Reading	1265	74	T/Radio: Ins	ured / Std / N	AI / NA
Insured:			Eng/No:			- /		
Policy No.			C/No: RU31120706.					
Claims No.			Gen. Cond: (od / Fair / Po	oor / Burnt			
Sum Insured:	Excess:		Steering: In	rater / Jammed	d / Leaked / I	Burnt or		
(Client's Record)			Brake: In Galer / Jammed / Leaked / Burnt or					
Make of Veh:			Modi: Nil	/S/Rim / STE	Mim or	c = 1		
			Tyre Size:	F:	U5/	60 R/6		
(Policy Condition)				R:		11		
Remark: The veh had comm	nenced its	N/S O/S	BS / DUN / B	XNOVA / GY /	FS / LIZA /	MIC / OHTSU	PIR / SUMI	1
repair at the time	of inspection.		TOYO / YO	Kg or				
Bal, or Market Value:		0	Front	_		Rear	,	
IDAC Accident Rport:	Consistent? : Yes or	No	R/Bal.	6	mm	R/Bal.	6	mm
GIA / PR Seen: Consistent? : Yes or No			L/Bal.	6	mm	L/Bal.	6	mm
Est. Repairs:			D.O.A.		.10	D.O.I.	12-07	-18
Lum Sum:	% 3 Val.: Yes or	No	Survey held	at	WS			Ppm
CA / REV / REP. / 2	4 HRS		Des. of Dam	ages : Frt / R	ea) 1 OIS 1	N/S / U/C /	Rooftop or	1
Date: Perso	Ve on Contacted:	ehicle: IN / OUT	The IVC	/ Chassis fra	ma / Rady	Structure affe	acted due to	collision
Date / Time Action / In			The U/C	/ Chassis fra	me / Body	Structure and	cted due to	COMISION.
Date 1 till o								
Date/Time, File Pass to?	: Preli. Report		Days Of Re	nair:				
	: Final Report		Resurvey N			Survey Fee		
Date/Time, File Return to?	J. Timal Report					Transportation		
2)		Add Fee	: Site	Insp (\$)S+RS	SI	
			: Inter	view (\$) Photos		
Report Format :			: Teci	n. Invs (\$) Others		
Lump Sum / I.B.I: (\$)	: Wee	akend (\$	-)		

TOTAL