Eurreyor: Tauth REF:	
9	ASSIGNMENT (1/2D7
From: Date:	Veh No: SLG 64307 Xr Regn: 2016, 00
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Mitsuhish Attrige c.c //23
at Workshop m/s	Colour White ATC: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
	C/No: MMBSTIA13 1944 000 602
Policy No.	Gen. Cond: Good Fair / Poor / Burnt
Claims No.	Steering: Inorder Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / S/R/m / STD A/Rim or
Make of Veh:	
	Tyre Size; F: 193/3//
(Policy Condition)	'R:
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO. or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mr
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mf
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 17/7/18 @1
Lum Sum: % 3 Val.: Yes or No	Survey held at the flag
CA / REV / REP. / 24 HRS	Des. of Damages Fry / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: II	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
* · · · · · · · · · · · · · · · · · · ·	
Detections Sile Base to?	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	dd Fee: : Site Insp (\$)_s+Rs,_si
2)	
	I Interview (a)
Report Format :	: Interview (\$) Photos: Tech. Invs (\$) Others