Simple Tank REF	LCR.			
CUITE OF THE STATE	ASSIG	NMENT		
Date		/eh No: SLV2599T	Yr Regn: 2017 Dec	
From: Date:		Type: M.Ca / M.Cycle / Bus / Van		
stimated Cost.		Truck / Trailer or		
DD (TP) WS / TP RES / OD RES / EVA / INV		Make: Andi A5	c.c 1984	
o Inspect Vehicle No:		Colour Red	A/C: Insured / Std / NI / NA	
t Workshop m/s		2 - 1/1	T/Radio: Insured / Std / NI / NA	
f			•	
nsured:		Eng/No:	Ex 27A0+ 7-11	
olicy No.	C/No: WAY 222 FS 7 JA 05 2061			
Claims No.		Gen. Cond: Good / Fair / Poor / Bu		
Sum Insured: Excess:		Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim of		
		Tyre Size: F:	140K/8.	
(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>	Rear	
DAC 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: days Res.:	Yes or No	D.O.A.	D.O.I. 9/11/00/120	
um Sum: % 3 Val.	Yes or No	Survey held at Premi	in Alisabe	
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT	Des. of Damages : Frt / Rear / C	DIS   N/S   U/C   Rooftop or	
Date: Person Contacted:	heare.		Body Structure affected due to collision.	
Date / Time Action / Instruction	0			
	(			
ate/Time, File Pass to? : Preli. Repo	ort D	ays Of Repair:		
: Final Repo	ort R	esurvey No. of Trip:	Survey Fee.	
Date/Time, File Return to?			Transportation.	
	Add Fee:	: Site Insp (\$	)S+RSSI	
		: Interview (\$	) Photos	
Report Format :		: Tech. Invs (\$	) Others	
.ump Sum / I.B.I: (\$	)	: Weekend (\$	(1)	
			TOTAL	