Type Moler   September   Septe	REF: AXV	A M394 M (A)
Vehilo SLF 50 Ver Regn 2044 July 1997 Reger 100 Meters 1997 Reger	America Carpon 1 45	SIGNMENT
Sp. Reading 2498 TiRadio: Insured I Std INI / NA Insured:	estimated Cost:  OD / TP / NS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No:	Veh No. S. F. 500   Yr Regn: 2014 July Type: M. Oar / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Surfly Guliated GT c.c 3993  A/C: Insured / Std / NI / NA
Gen. Cond. Godd   Fair   Poor   Burnt   Steering:   Godd   Fair   Poor   Burnt   Steering:   Godd   Fair   Foor   Burnt   Steering:   Godd   Foor   Burnt   Steering:   Godd   Fair   Foor   Foor   Burnt   Steering:   Godd   Foor   Godd   Foor   Godd   Steering:   Godd   Foor   Godd   Foor   Godd   Steering:   Godd   Foor   Godd   Foor   Godd   Steering:   Godd   G	at Workshop m/s  of  insured:  insur	Sp.Reading 24987 T/Radio: Insured / Std / NI / NA Eng/No:
Remark: The weh had commenced its repair at the time of inspection.  Bal. or Market Value:  Bal. or Market Value:  Bal. or Market Value:  DALE / Repair:  Consistent? : Yes or No  Consistent? : Yes	Claims No.  Sum Insured: Excess:  (Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date/Time, File Pass to?  Date/Time, File Return to?  Date/Time, File Return to?  Add Fee: Lump Sum / LiB.I:  R/Bal.  Bmm R/Bal.  Bmm L/Bal.  D.O.A. D.O.J.  D.O.A. D.O.J.  D.O.A. Survey held at Des. of Damages Fit / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time, File Return to?  Add Fee: Site Insp (\$ ) s * RS SI Interview (\$ ) Pholos Tech Invs (\$ ) Others  Lump Sum / LiB.I: (\$ )  Weekend (\$ ) Weekend (\$ ) Others  Weekend (\$ ) Others	Remark: The veh had commenced its N/S O	R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Date / Time   Action / Instruction    Days Of Repair:  Resurvey No. of Trip:   Survey Fee:    Transportation:    Transportation:    Date / Time   File Return to?    Add Fee:   Site Insp (\$ ) \$ + RS   SI    Interview (\$ ) Photos    Report Format :    Lump Sum / I.B.I: (\$ )    Weekend (\$ )	IDAC Accident Rport:  GIA / PR Seen:  Est. Repairs:  Lum Sum:  Can I REV / REP. / 24 HRS  Consistent?: Yes or No  Vehicle: IN /  Vehicle: IN /  Vehicle: IN /	R/Bal. 6 mm R/Bal. 6 mm  L/Bal. 6 mm  L/Bal. 6 mm  D.O.A. D.O.I. 17 12 18  Survey held at Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or
Date/Time, File Pass to?  Preli. Report  Survey Fee: Transportation: Date/Time, File Return to?  Add Fee: Site Insp Shress SI	Date	
Date/Time, File Pass to?  : Preli. Report  : Final Report  Date/Time, File Return to?  Add Fee:  : Site Insp (\$ )s+Rssi  : Interview (\$ ) Photos  Report Format:  Lump Sum / I.B.I: (\$ )  : Weekend (\$ )	TO THE PROPERTY OF THE PROPERT	MANUE A MOT OF
Add Fee:   Site Insp (\$ )   S+RS_SI	Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Report Format:  Lump Sum / I.B.I: (\$ ) Weekend (\$ )	Date/Time, File Return to?	d Fee: Site Insp (\$ )s+Rssi Interview (\$ ) Photos