wof	1	47
08/11/13) wef ASS. REC. BY: Marcus	REF:	7w D/
ASS. REC. B1. 7700	A	ASSIGNMENT
	_	Veh No: SEN 2383A Yr Regn: 12/12
From:	Date:	Veh No: Yr Regn: Yr R
Estimated Cost:		Truck/Trailer or (4/
OD ITP WS I TP RES I OD RES	C 1 7070	1 ( ) ( ) ( ) ( ) ( ) ( )
To Inspect Vehicle No:	SGK 393A	A/C: Insured / Std / NI / NA
at Workshop m/s	200M	T/Padic Inquired / Std / NI / NA
of		Sp. Reduiling 37247
insured:		Fng/No:
Policy No.	N.	C/NO: JTHBF13L5U5005698
Claims No.	2	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nir S/Rim / STD A/Rim or
	2	Tyre Size: F: 235/8570/6
(Policy Condition)		R:
Remark: The veh had commen	ced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.		TOYO/YOKO or Continents
		Front Rear
Bal. or Market Value:	Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm
IDAC Accident Rport:		1/201
GIA / PR Seen:	Consistent? : Yes or No	910
Est. Repairs: d	ays Res.: Yes or No	11/2/11
Lum Sum: 9		Survey held at
CA / REV / REP. / 24 h	IRS 19	Des. of Damages : Ert / Rear / O/S / N/S / U/C / Rooftop or
	Vehicle: IN	
	Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instru	action P/M 00(0)	
		A. A. A.
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
1)	: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?		Transportation:
2)	Ad	Id Fee: Site Insp (\$ )_s+RS,_SI
		: Interview (\$ ) Photos
Report Format :		: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	)	:Weekend (\$
;		TOTAL