anveyor - augm	SIGNMENT
	1 2MM- 255117 - 2018 Dec
From: , Date:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: iCi4 Ceneto c.c 159 Colour Blu A/C: Insured/Std/NI/N
at Workshop m/s	
of	Sp.Reading 12334 T/Radio: Insured / Std / NI / N
Insured: P	Eng/No:
Policy No.	C/NO: 0 KNAF14/6mk5022837
Claims No.	Gen. Cond: Geor / 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: Nil SiRim / STD A/Rim or
٧	Tyre Size: F: /95/65/7-
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or NEXOL
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 n
GIA / PR Seen: Consistent? : Yes or No	L/Bal. (2 mm L/Bal. (2 n
D. V. v. se No.	D.O.A. D.O.I. (9/8/19
2 Val. Ven es No.	Survey held at CSC Panch Goh.
Lum Sum: % 3 Val.: Yes of No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / C	
Date: Person Contacted: (blo.	The U/C / Chassis frame / Body Structure affected due to collis
Date / Time   Action / Instruction	
	The state of the s
	D. Of Davids
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	
2) Add I	: Interview (\$ ) Photos
	1. 111(0171077 17
Report Format :	: Tech. Invs (\$ ) Others