ASS. REC. BY:	fore REF:	
	AS	SIGNMENT
From:	Date:	Veh No: SHC 75344 Yr Rean: 9/1/19
Estimated Cost:		Veh No: SHC 75344 Yr Regn: 9/1/19 Type: M.Car / M.Cycle / Bus / Van / Lorry / Yaxiv Prime Mover /
DD / TP / WS / TP RES	/ OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:		Make: Toyota Prus cc 1797
at Workshop m/s		Colour Vella A/C: Insured / Std / NI / NA
of		Sp.Reading 17874 T/Radio: Insured / Std / NI / NA
neurod:		Eng/No:
		C/No: JTO KBJ FY 103078197
Claims No.		Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:		Steering: (norder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: /horder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / s/Rim / STEARim or
(Policy Condition)	,	R: 170/00073
Remark: The veh had commenced its N/S O/S		
repair at the time of inspection.		TOYO/YOKO or TRIANGIE
Bal, or Market Value:	1 × XX	Front Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No		L/Bal. 5 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 2/4/29 D.O.I. 8/4/29
Lum Sum:	% 3 Val.: Yes or No	Survey held at OM Aath mold W
Luiii Suiii.		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP.	/ 24 HRS Vehicle: IN / OU	
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Actio	on / Instruction	
	· ,	
<u> </u>		
-		
		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
)	: Final Report	Resurvey No. of Trip: Survey Fee;
Date/Time, File Return to?		Transportation:
	Add F	ee:: Site Insp (\$)s+Rs,si'
		: Interview (\$) Photos
eport Format :		: Tech. Invs (\$) Others
ımp Sum / I.B.I: (\$	1	: Weeltend (\$)

BACA BANK

Section 1