74.	
ASS. REC. BY: STER REF: MS1G	
ASS	SIGNMENT
From: Date:	Veh No: SCZ 37 Y Yr Regn: 16/4/12
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Volkswagen SCIPOCCO c.c 1390
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 197594 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WVW7.7.Z 13ZCV. 017567
Claims No.	Gen. Cond: Good / Fail / 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 / S/Rim / STD A/Rim or
	Tyre Size: F: 235/35/19
(Policy Condition)	R: (I
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 / (OK)O or
Bal. or Market Value:	_ Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. S mm L/Bal. S mm
Est. Repairs:days Res.: Yes or No	D.O.A. 7/4/20 D.O.I. 13/4/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Evergun Auto
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / Q/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
MV-35K Right large 6K-7K	
1	
<u></u>	
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:
Add Fe	
Success Success Associated	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / L.B.J: (\$)	:Weelrend (\$)
	TOTAL