ASS, REC. BY: STEVE AS	SIGNMENT
The state of the s	
From: Date:	
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: Figt 0960 c.c 1248 191
at Workshop m/s	Colour SIK A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 2FA 223909 DS590012
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Incorder / 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: /85/65/75
(Policy Condition)	R:/
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO / YOKO 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. L/Bal. S mm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. 9/4/90 D.O.I. 14/4/90
Lum Sum: 3 Val.: Yes or No	Survey held at My Car Consultad
CA / REV / REP. / 24 HRS Vehicle: IN / OU	Des. of Damages : Frt / Rear Y O/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The Grant Analysis frame / Body Structure affected due to comision.
MV - 13,000	
M1/ 21157	· .
<u> </u>	
A Comment of the Comm	
7	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee; Transportation:
Add Fe	
•	Interview (6
	. ITTET VIEW (P) Photos
Report Format :	: Tech. Invs (\$) Others