ASS. REC. BY: Gye \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9005670/ESF3
ASSI	GNMENT
From: Date:	Veh No: SKF 2433T Yr Regn: 11/5/12
Estimated Cost:	Type: M.Cay / 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: VOKShayen Touran c.c 1390
at Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
of .	Sp.Reading 17/689 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WY 6 222 IT 2 CW 097173
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / 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: $995/55R16$
(Policy Condition)	R: (1
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.	точо / YOKO or Han K40K
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 4 mm L/Bal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 3/4/20 D.O.I. 19/5/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Hwa Peny Auto
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rean / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction MV - 31k	
THE SIN A FAILUMY LSINIAR	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
atomic l	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (\$: Weel:end (%
,	
	TOTAL