(08/11/13) REF:	
ASS. REC. BY:	GNMENT 2003 03 878 K
From: Date: *  Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No: at Workshop m/s  of  Insured:	Veh No: SHB 255 X Yr Regn: / Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /  Truck / Trailer or  Make: Acc 199  Colour Red A/C: Insured / Std / NI / NA  Sp.Reading T/Radio: Insured / Std / NI / NA  Eng/No:
Policy No.  Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:	C/No: KLILA 69 RJBB 123394  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Unorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: Adays Res.: Yes or No  Lum Sum: No 3 Val.: Yes or No	Tyre Size: F: 19565 R15  R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Front Rear R/Bal. mm R/Bal. mm L/Bal. D.O.A. D.O.I.  Survey held at
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction	Des. of Damages (Frt.) Rear I (O/S) I N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.

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Date/Time, File <b>Pa</b>	ss to?	: Preli. Report	Da	ys Of Repair:		ı		
1)		: Final Report	Res	survey No. of Trip:	i .	Survey Fee:		*

Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ \_S + RS,\_\_SI

: Interview (\$ Photos : Tech. Invs (\$ Report Format : Others

Lump Sum / I.B.I: (\$ Weekend (\$ TOTAL