<u>ASSIGNMENT</u>

Cross Date:	Veh No: SLN 587H. Yr Regn: 2017 /H701	
FIGUR.	Type: M.Car, / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
Estimated Cost:	Truck / Trailer or	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Andi A4.	c.c 1395
To Inspect Vehicle No:	colour While	A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 30265	T/Radio: Insured / Std / NI / NA
of	Eng/No:	
Insured:	CNO: WAUZZZF43HA126031	
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt	
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or	
Sum Insured: Excess:	Brake: Injorder / Jammed / Leaked / Burnt or	
(Client's Record)	Modi: Nil /s/Rim STD A/Rim or	
Make of Veh:	Tyre Size: F: 205/60 R16	
	R: 205/60	RIL
(Policy Condition) N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
Remark: The veh had commenced its repair at the time of inspection.	TOYO/YOKO OF Continental.	
	Front	Rear
Bal. or Market Value: Consistent?: Yes or No		R/Bal. 06mm
IDAG AGGIGAT THOSE	L/Bal. 06 mm	L/Bal. 0 mm
Pos: Vas or No		D.O.I. 08 07 20.
2 Male Van or No	Survey held at Premi	
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		IS I UIC I Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Front ds.	
Date:Person Contacted:	The U/C / Chassis frame / Body St	tructure affected due to collision.
Date / Time Action / Instruction		
10 Alq.		
m∨ :		
PV:		
Nett.		
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:	
Y .	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation:
2) Add Fee	: Site Insp (\$)	8 ÷ P8SI
	: Interview (3	Fliolos
Report Formal :	:Tech. Invs. (3)	(ilher:
Lenge Sero / L.B.A: Co	:'Weelend (2	
		TOT/4L