ASS. REC. BY:	2000 7361/Hg-Ksf3
nneth	ASSIGNMENT
From: Date:	Veh No: SMC 413 Y Yr Regn: 06, 12
Estimated Cost:	Type: MCar M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MY	Truck / Traller or
To Inspect Vehicle No:	Make: Mr 018350 co 3480
at Workshop m/s Kane Avilo	Colour & Black AC: Insured / Std / NI / NA
of	Sp,Reading S2218 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WOD 218359240325
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inopder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked J. Burnt or
Make of Veh:	Modi: NII / SIRIm / STEP ARIm or
	Tyre Stre: F: 245/40R19
(Policy Condition)  Remark: The yeth had commenced its  N/S (	R: 275/35RIP
repair at the time of inspection.	MS BS / BUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Ball or Market Value: 88016	<b>9</b>
IDAC Accident Roort Consistent? : Yes or No	Fron! Rear R/Bal. 5 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5 mm U/Bal. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A. 11/7/20 D.O.I. 16/7/202
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
· Vehicle: IN / O	
Date: Person Contacted:  Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Delet Time Actor / Histocom	
SUBMIT TOTAL LOS	S AS NOT ECONOMICAL FOR RE
NAV ( 0.001/	
MV - \$ 80K LTA - \$ 61,958.00	
NETT - \$ 18.042.00	
TO COLORO : Prell. Report	
5/08/2020	Days Of Repair:
TYPIST /: Final Report to/Time, File Return to?	Resurvey No. of Trip: - Survey Fee:
Add Fee	
**	: Interview (\$ ), Farts
port Format: TOTAL LOSS	Tech Invs (\$ ) Others
	p vran
mp Sum / I.B.I: (S	Weekend (\$

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