ASS. REC. BY: CFM REF: CS3 A1h 20	5008852/Ritf3		
ASSIC	GNMENT	10 Feb 2014	
		egn:	
Estimated Cost:	Type: M.Car / M.Cycla / Bus / Van / Lorry / Taxi	/ Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No: FBJ 2330 H	Make:	c.c <u>999</u>	
at Workshop m/s PRIMERO RACING	Colour · MWT A/C:	Insured / Std / NI / NA	
20, BUKET BOTOK CRESCROT \$01-19	Sp.Reading T/Radi	io: Insured / Std / NI / NA	
nsured: AV	Eng/No:		
Policy No.	CINO: JH 28C59A9EK GOOY 29.		
Claims No.	Gen. Cond: Good / Pair/ Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or		
(Client's Record)	Brake: norder / Jammed / Leaked / Burnit or		
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim or		
	Tyre Size: F: 20 70	ZR11	
(Policy Condition)	R: 190 (55	2R17	
lemark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /		
repair at the time of inspection.	TOYOTYOKO OF MITAS		
sal. or Market Value:	Front Re		
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm , R/I	/Balmm	
GIA / PR Seen: Consistent? : Yes or No		/Bal. mm	
est Repairs: days Res.: Yes or No	1001	1.0.1. 2408 20ro	
.um Sum: % · 3 Val.: Yes or No	Survey held at PRIMERO RACING		
Des. of Damages, Frt / Rear / O/S) / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS Vehicle: IN/OU	JT		
Person Contacted:	The U/C / Chassis frame / Body Str	ucture affected due to collision.	
Date / Time Action / Instruction			
SUBMIT DAR REPORT			
<u>i</u>			
- E			
	· F		
Dale/Time, File Pass W? : Prell. Report	Days Of Repair:	1	
; Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		Transportation:	
Add F	Fee: : Site Insp (\$)S+RSSI	
	: Interview (\$) Photos	
i a complete accuse a co	: Tech, Invs (\$) Others	
epist Formal :			
ump Sum/LEA: (F)	: Weellend (%		
	·	TOTAL	

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