ASS REC. BY: Steve HEF: CS/CT126	0009484/E+f3
OPS ASSIGNMENT	
From: Date:	Veh No: GBC 431 A Yr Regn:/
Estimated Cost:	Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (15 NETTE BEST OD BEST ENY TINAT WA	Truck / Traller or
To Inspect Vehicle No:	Make: NISSON NV 200 c.c 1461
al Workshop m/s	Colour . AC: Insured / Std / NI / NA
(c)	Sp.Rending 15/392 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JN 14 BAM 2 M 0093394
Claims No.	Gen. Cond: Good /(Fair)/ Poor / Burnt
Sum Insured: Excess:	Stoering: Ino dor Jammed / Leaked / Burnt or
(Cliont's Record)	Brake: Increar / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII / S/Rim / STQ A/R)m or
	Tyre Size: F: 175/60K14
(Policy Condition)	R: /1
Remark: The veh had commenced its N/S '0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO (YOK)O or \$
Bal. or Market Value:	Fron! Roar
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 4 mm R/Bal, 4 mm
GIA / PR Seen: Consistent?: Yes or No	UBal. 4 mm UBal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 2/9/20 D.O.I. 7/9/20
Lum Sum: % 3 Val.: Yes or No	Survey held at W. S Modal
CA I PEV I PER I 24 UPS	Des. of Damages : Frt / Rear / 1 O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Kefau Parge 9K-SK	
$\frac{4}{3}$	
SUBMIT PRS PRPORT, REPAIR RANGE 2000 TO 3000, 4DAYS	
CODINIT TROTTIC ORT, REPAIR TO GOOD, 4DATE	
Dale/Time, File Pass 10? : Prell. Report Days Of Repair: 4	
First Bonnet Supply Fee:	
Date/Time, File Return to?	
Add Foot	
2) Aut 1-66.	:Interview (\$) Fholes
Reparation :	: Tech, thvs (\$) Others
Lump Sum I LG d: Ca	Westend (8
YOTAL TOTAL	