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Chains No.  Sum insured: Excoss:  (Chords Record)  Make of Veh:  (Pokey Condition)  Remark: The veh had commenced its repair at the time of inspection.  But or Market Value:  (GA / PR Seer: Consistent?: Yes or No  CHA / PR Seer: Consistent?: Yes or No  CLUM Sum:  (A / REV / REP. / 24 HRS  Date: Person Contacted:  Person Contacted: Vehicle: IN/OUT  Date: Person Co	Insured: .	Eng/No:
Sum insured  [Cient's Record]  Make of Veh:    Cheky Condition    Remark: The veh had commenced its repair at the time of inspection.   Ball or Market Value:   IDAC Accident Rport	Policy No.	CNO: WOC 7923/474018948
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