ASS. REC. BY: STEVE STEVE CS/CTI	20014560/ETd3
	SSIGNMENT
From: Date:	Vol No: SKW 47626 Yr Regn: 30/19/15
Estimated Cost:	Type: M.Ca/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD (TP) WS/JP RES/OD RES/EVA/INV/MY	Truck / Traller or
To Inspect Vehicle No:	Make: M92 N9 3 c.c 1496
el Workshop m/s	Colour ROO , A/C: Insured / Std / NI / N
ol	Sp.Rending ; SSG45 T/Radio; Insured / Std / NI / N
Insured:	Eng/No:
Policy No.	C/No: TN/68/1-49 A 8 00-319963
Claims No.	Gen. Cond: Good / Fall / Poor / Burnt
Sum Insured: Excess:	Sleering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / \$/Rim / STD A/Rim or
	Tyre Size: F: 225/55 \$15
(Policy Condition)	R: 11
lemark: 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 / YOKO or
al. or Market Value:	Front Rear
AC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mr
A / PR Seen: Consistent?: Yes or No	Light C Wall
L. Repairs; days Res.: Yes or No	D.O.A. $\frac{1}{1/1/2/10}$ mm $\frac{1}{1/2/10}$ D.O.I. $\frac{3}{1/2/10}$
n Sum: % 3 Val.: Yes or No	Survey held at Ry cler
	Des. of Damages Frt / (Rear) / O/S / N/S / U/C / Rooftop or
I REV I REP. I 24 HRS	Des. of Damages (: PR) TReam T O/S T N/S T U/C T Rooftop of
vehicle: IN / OUT ⇒:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
ite / Time Action / Instruction	The training is a second state of the second s
MV-47,000 Pending est.	imal(
PV-34,472	
11V-12,528 LUMP SUM \$	10400, 7DAYS
RED: 7004.88	:40%
e, File Pass lo?	The second secon
Day	s Of Repair: 7
g, Flie Relum to?	urvey No. of Trip; Survey Fee:
	Transportation:
Add Fee:]: Site Insp (\$)_s +Rssi
Forme :	: Interview (\$) Frotos
Fun / J.G. J. Co	: Tech. Inva (%) Offices
Contraction of the contraction o	: Weel and 18)

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