ASS. REC. BY: Tauth REF: Co 3 (410	121000491/7143.
ASSIGNMENT	
	Veh No: SMS 6992 Tyr Regn: 10/03/2020
From: Date:	Veh No: SVI S 6992 Yr Regn: 10/03/2020 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD TO IWS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Make: <i>Mondar</i> . c.c 1317
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 6 K 5341 5867
Claims No.	Gen. Cond: Good/I Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorde / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /SIRim / STD A/Rim or
	Tyre Size: F: 177/2014
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm , R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/1/21
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS WY - PYS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	The O/C / Chassis frame / Body Structure anected due to comston.
Date / Time Action / Instruction Action / Instruction	
// 0 = (. 1	
SUBMIT DAR REPORT	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 6
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	punaryan punaryan
	: Interview (\$) Photos
Repair Formal :	:Tech. Invs (\$) Others

Weel end (\$

TOTAL

Lump Sum / LEA: CF