SS. REC. BY: Taylu REF: (33 AL	19.21000997/Tit33
ASS	SIGNMENT
From: Date:	Veh No: FBH9662P Yr Regn: 2013, Nov
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: Manaha FZIb c.c 153.
o Inspect Vehicle No:	Colour Black - A/C: Insured/Std/NI/NA
t Workshop m/s	Sp.Reading T/Radio: Insured / Std / NI / NA
	Eng/No:
nsured:	C/No: ME121COG9P20285 76.
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No. Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
July Modrou.	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: (NII) S/Rim / STD A/Rim or
	Tyre Size: F: 110 - 70 R17 B1R
(Delias Condition)	R: 150-60K17 Metzeller
(Policy Condition) 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 / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm / R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 21/1/2105/0
Lum Sum: % 3 Val.: Yes or No	Survey held at Equator Brother hood
	Des. of Damages: Frt / Rear / OIS / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / C	DUT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
SUBMIT DAR REPORT	5.
- GODINIT BY WITH CITY	
	6
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation:
2)Add	Fee: Site Insp (\$)
	: Interview (\$) Photos
Repart Cornel:	: Tech. Invs (\$) Others
Lunsp Sum (LB.E.C)	:Weelfend (\$)
	TOTAL