ASS. REG. BY: Taut Wh REF: 033/CT1210	
ASSI	GNMENT COE 2022 March
From: Date:	Veh No: 87735724 Yr Regn: 2007 April
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry /. Taxi / Prime Mover /
OD TP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Mitsubish Cancer. c.c 1584
at Workshop m/s	Colour Moveen A/C: Insured / Std / NI / NA
of	Sp.Reading 15809/ T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JmysT (5519.74009449.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim og
	Tyre Size: F: 195/60R15
(Policy Condition) Remark: The year had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	TOYO / YOKO or
Allic	Front Rear
Bal. Of Ividiket Value.	R/Bal, 6 mm / R/Bal, 6 mm
DAG Addition Typota	L/Bal.
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 28/1/21
Lum Sum: % 3 Val.: Yes or No	Survey held at they beg that.
CA REV REP. 24 HRS WP PRS	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	JT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	8
REPAIR RANGE 5K-6K, 6days to repair.	
SUBMIT PRS REPORT	Γ
332 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 6
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation:
2) Add I	Fee: Site Insp (\$)_s+RS_SI
	: Interview (\$) Photos
Repestornal:	: Tech. Invs (\$) Others
Lungs Sum (LB.f: C)	:Weelfend (\$)
	1 74