... - REF: CS3/ASM2100/697/ritf3. SLH 6314 Yr Regn: 1 Veh No: From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD (TP) WS / TP RES / OD RES / EVA / INV / MV Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NII / SIRim / STD A/Rim or 55,000 Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS NIS Remark: The veh had commenced its TOYOIYORO OF repair at the time of inspection. Rear Front Bal, or Market Value: R/Bal. mm / R/Bal. Consistent?: Yes or No IDAC Accident Rport: UBal. ∐Bal. Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt JRear / OIS / NIS / UIC / Rooftop or CA | REV | REP. | 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time emen 611A. will \$5000 to \$6000, 7days submit prs report Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? S+RS\_SI : Site Insp (\$ Add Fee: Interview (\$ Photos Tech. Invs (\$ Officers Repet Formal: Weelfend (\$ Lump Som / LE A: 17 TOTAL