ASSIGNMENT

From: Date:	Veh No: SMP 77305 Yr Regn: 2019, Oct.
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyudai Availe. c.c 1591
at Workshop m/s	Colour While . A/C: Insured / Std / NI / NA
of	Sp.Reading 79138. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMH D841CM LU997563
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 235/53 R/6.
(Policy Condition)	R: 205/55 RLb
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. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D1 03 21.
Lum Sum: % 3 Val.: Yes or No	Survey held at SMCH ONE . !
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	The O/C / Chassis frame / Body Structure anected due to comision.
Date / Time Action / Instruction	
	Complete Statement of the Complete Statement
MV:	
PV:	
Nett;	TREMESATION PERMIT
Processed.	
PLACE THE PLACE	Days Of Repair:
	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to? Add Fee	
2) Acto ree	: Interview (\$) Photos
Danast Formet	: Tech. Invs (\$) Others
Report Format :	: West and (\$
Lump Sum / I.B.I: (%	. Meet and A.