	DEE				
ASS, REC. BY:	REF:				
		ASSIGNMEN'			
From	Date:	Veh No:	SM68497	a Yr Regn: 2017 April	
Estimated Cost:	Type: M.Car	Type M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
DD / TP / WS / TP RES / OD RES	/ EVA / INV / MV	Truck	/ Trailer or		
o Inspect Vehicle No:	Make:	Mazda 2	c.c /496		
t Workshop m/s		Colour	7urple.	A/C: Insured / Std / NI / NA	
ıf		Sp.Reading	34032	T/Radio: Insured / Std / NI / NA	
nsured:		Eng/No:			
Policy No.	1	C/No:	JM6DJ2H1	4A01101044	
Claims No.	74	Gen. Cond	Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: Inc	order / Jammed / Leaked /	Burnt or	
(Client's Record)			Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:			Modi: Nil / S/Rim / STD A/Rim or		
Many Fact Many		Tyre Size:	F: 185/6		
(Policy Condition)		R: 185/65R15.			
Remark: The veh had commence	O/S BS DUN	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of in-	spection.	TOYO/YO	OKO or		
Bal, or Market Value:	They was found that I	Front	,	Rear	
IDAC Accident Rport:	R/Bal.	Ø mm	R/Bal. mm		
GIA / PR Seen:	L/Bal.	06 mm	L/Bal. 96 mm		
	ys Res.: Yes or No	D.O.A.		D.O.I. 22/02/21.	
Lum Sum: %	3 Val.: Yes or No			9 - 11	
CA / REV / REP. / 24 HI	RS	Des. of Dat	mages : Frt / Rear / O/S	TN/S / U/C / Rooftop or	
	Vehicle	e: IN / OUT			
Date:Person C		The U/O	C / Chassis frame / Bod	y Structure affected due to collision	
Date / Time Action / Instru	4		•		
TPAL	9.	-			
		Mary personal designation of the second	Répuere avances	AMM I I I I	
mv:		yeum see maan			
PV:		3-1-15-2013			
Nett:					
Date/Time, File Pass to?	Preli. Report	Days Of F	Repair:		
1)	Final Report	Resurvey	No. of Trip:	Survey Fee:	
Date/Time, File Return to?	No. of the last of		Transportation:		
2)		Add Fee: :Si	te Insp (\$)S + RSSI	
		: Inf	erview (\$	Photos	
Penert Formst		Te Te	ech. Invs (\$) Others	

: Weet end (\$

Lump Sum / LBJ: (%