MEF: CS 3/CM 2100419-2/76 \$3 ASSIGNMENT SMG 5262L. Yr Regn: Well, Dee Veh No: Date: 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 / MY To Inspect Vehicle No: A/C: Insured / Std / NI / NA at Workshop m/s T/Radio: Insured / Std / NI / NA Sb.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: Nil / \$/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its TOYO I YOKO or repair at the time of inspection. Rear Front Bal, or Market Value: mm R/Bal. IDAC Accident Rport: L/Bal. Consistent? : Yes or No 4/21 0/13 Jan GIA / PR Seen: D.O.A. Res.: Yes or No days Est. Repairs: Survey held at 3 Val.: Yes or No Des. of Damages : Frt I Ream I OIS I NIS I UIC I Rooftop or Lum Sum: CA | REV | REP. | 24 HRS Vehicle: IN/OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date / Time | Action / Instruction Q 4000 -SUBMIT PRS REPORT 6 Days Of Repair: Dale/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 (\$: Tech. Invs (\$ Repeate ormer: : Weelfend (\$ Lump Sum H.B.J. C. TOTAL