ripg.	
ASS. REC. BY: NA2 REF:	to Junary (P/P)
From: Date:	Veh No: SHC 1722 H Yr Regn: 12 Tyl 2018
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MY	Truck / Trailer or
To Inspect Vehicle No:	Make: MWDA IONIA (62) (cc) 1,580
at Workshop m/s	COIOUI
Insured:	Op. Neading
Policy No.	Eng/No: KMHC851CVJU103557
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
	Steering: (norder Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)  Make of Veh;	Brake: Inorder Jammed / Leaked /Burnt or  Modi: NII / S/RIm / (STD A/Rim or
Wake UT VEIL.	
(Policy Condition)	Tyre Size: F: 195/65 R15
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /- / tyre
repair at the time of Inspection.	RAL TOYO/YOKO or WESTLAKE brand
Bal. or Market Value:	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Balmm L/Balmm
Est. Repairs: 2 days Res.: Yes or No	D.O.A. 13/5/2021 D.O.I. 1815/2021
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE Loyanta
CA / REV / REP. / 24 HRS	Des. of Damages Fit Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / Date Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	THE PH
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Date/Time, File Pass to? : Prell. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Dale/Time, File Return to?	Transportation:
Add I	Fee: : Site Insp (\$ )s + RSSI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
	:Weekend (\$
	TOTAL
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