REF: CS3/ASM71007499/71tc ASSIGNMENT Veh No: SMN 97625 Yr Regn: 2019 From: Type: M.Car / M.Cycle / Bus / Van / Lorry /. Taxi / Prime Mo Estimated Cost: Truck / Trailer or ODOTO WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s Sp.Reading T/Radio: Insured / Std / NI / NA Insured: Eng/No: Policy No. . C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: (Client's Record) Brake: Inorder/Jammed/Leaked/Burnt or Make of Veh: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its 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 Consistent?: Yes or No R/Bal. IDAC Accident Rport: R/Bal. L/Bal. GIA / PR Seen: Consistent?: Yes or No UBal. Res.: Yes or No D.O.A. Est. Repairs: days 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction submit prs report Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: :Site Insp (\$ \_S + RS.\_\_SI : Interview (\$ Photos Repear ormai: Tech. Invs (\$ Others Lump Sum / LBJ: Ca Weellend (\$

TOTAL