Ca. MEU. BT.			and the second s
	ASSIG	NMENT	
From Date:	,	Veh No: SCQ9780 Y.	Yr Regn: 2020, Sept.
stimated Cost:		Type: M.Car / M.Cycle / Bus / Van /	Lorry / Taxi / Prime Mover /
D/TP/WS/TP RES/OD RES/EVA/INV/M	IV	Truck / Trailer or	
o Inspect Vehicle No:		Make: Audi AS	c.c 1984
Workshop m/s		Colour While.	A/C: Insured / Std / NI / NA
		Sp.Reading 8658	T/Radio: Insured / Std / NI / NA
aurad:		Eng/No:	
alieu No		C/No: WAUZZEFS	64A021158
laims No.		Gen. Cond. Good/Fair/Poor/Bur	rnt
um Insured: Excess:		Steering: Inorder / Jammed / Leake	ed / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leake	ed / Burnt or
Make of Veh:		Modi: Nil / 8/Rim / STD A/Rim	or
		Tyre Size: F: 255	35R19.
(Policy Condition)			135R19.
Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	A (MIC) OHTSU / PIR / SUMI /
repair at the time of inspection.		TOYO/YOKO or	
Bal, or Market Value:		Front	Rear
DAC Accident Rport: Consistent?:	Yes or No	R/Bal. 06, mm	R/Bal. 0 kg mm
GIA / PR Seen: Consistent?:	Yes or No	L/Bal. 06 mm	L/Bal. 06 mm
	Yes or No	D.O.A.	D.O.I. 03/08/21.
	Yes or No	'Survey held at ?cen	nium.
		Des. of Damages : Frt / Rear / O	IS I N/S I U/C I Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT		Front 10/5.	
Date: Person Contacted:		The U/C / Chassis frame / B	Body Structure affected due to collision
Date / Time Action / Instruction			
mv :			
PV:			
Nett:		*	
Date/Time, File Pass to? : Preli. Repo	rt	Days Of Repair:	
: Final Repor		Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		(Company)	Transportation:
2)	Add Fee	: Site Insp (\$)3+RS,SI
-1		: Interview (\$) Photos
		: Tech. Invs (3) Others
Report Format :		. room, mrs	