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Estimated Cost:  DD / IP / WS / IP RES / OD RES / EVA / INV / IMV To Improve Vehicle No:  All Wordshop mis  Set Reading   SSFY & TiRadic Insured / Std / IN / NA  Sp. Reading   SSFY & TiRadic Insured / Std / IN / NA  Sp. Reading   SSFY & TiRadic Insured / Std / IN / NA  Sp. Reading   SSFY & TiRadic Insured / Std / IN / NA  Sp. Reading   SSFY & TiRadic Insured / Std / IN / NA  State insured   Std / IN / NA  State insured   Std / IN / NA  State insured / Std / IN / NA  Sta					
Truck   Trailer or   Make:   Horder   Volide No.   Horder   Volide No.   Horder   Volide No.   Make:   Horder   Volide No.   Hor	From:	Date:	Veh No: SLL7030L Yr Regn: 2017/ Marc		
To Inaged Vehicle No: all Workshop mis a	Estimated Cost:		Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
Colour Co	OD/TP/WS/	TP RES / OD RES / EVA / INV / MV			
Colour Co	To Inspect Vehic	cle No:	Make: Horder Verel Hord- cc 1436		
Eng No.   CNo.   RUSD 6622   Gen. Cond. Sood: Fair I Poor I Burnt or Steering: Inorder I Jammed I Leaked I Burnt or Steering: Inorder I Jammed I Leaked I Burnt or Mod: Nil Steering: Inorder I Jamm	at Workshop m/s	/s			
Claims No.  Claims No.  Sum Insured: Excess:   (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value.  (DAC Accident Rport: Consistent? : Yes or No.  GIA / PR Seen: Consistent? : Yes or No.  Est. Repairs: days Res: Yes or No.  Lum Sum: % 3 Val.: Yes or No.  CA / REV / REP. / 24 HRS  Date: Person Contacted:   Date / Time Action / Instruction  TR Clunc.  Chairs Report Annual Report:   Chairs Report Days Of Repair:   Resurvey No. of Trip:   Survey Fee:   Transposition:   Trans	of		Sp.Reading 25348 T/Radio: Insured / Std / NI / NA		
Gen. Cond. (Social Fair / Poor / Burnt Steering: Inorger / Jammed / Leaked / Burnt or Brake: Inproper / Jammed / Leaked / Burnt or Modi: Nil (SiRTin) / STD A/Rim or Tyre Size: F: 2/5/60/2/6 Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value IDAC Accident Report: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val: Yes or No CLum Sum: % 3 Val: Yes or No CLum Sum: % 3 Val: Yes or No Date: Person Contacted: Wehicle: IN/OUT Date: Person Contacted: Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Could Fee: Stite Insp (\$	Insured:		Eng/No:		
Steering: Trooper / Jammed / Leaked / Burnt or Brake:   Iger@er / Jammed / Leaked / Burnt or	Policy No.		C/No: RU3116622 *		
Brake: Injerger   Jammed   Leaked   Burnt or	Claims No.	tes usuali e con e juli preste per es	Gen. Cond: Sood Fair / Poor / Burnt		
Make of Veh:  (Policy Condition)  Remark: The yeh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date:  Person Contacted:  Tree Instruction  Tree Clarac  Date:  Person Contacted:  Date:  Person Contacted:  Tree Instruction  Tree Clarac  Date:  Person Contacted:  Date:  Person Contacted:  Tree Instruction  Tree Clarac  Date:  Person Contacted:  Tree U/C / Chassis frame / Body Structure affected due to collision.  Tree Clarac  Add Fee:  Stite Insp (\$	Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
Tyre Size: F: 2/5/60 PJ 6  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  Ball or Market Val	(Client's Reco	ord)	Brake: Inorder / Jammed / Leaked / Burnt or		
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  TP Chara:  Person Contacted:  Person Contacted:  Person Contacted:  Date / Time Action / Instruction  TP Chara:  Person Contacted:  Person Contact	Make of Veh:		Modi: Nil (S/Rim) / STD A/Rim or		
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent? : Yes or No  Bal. or Market Value:  IDAC Accident Rport: Consistent? : Yes or No  Bal. of mm  IDAC Accident Rport: Consistent? : Yes or No  Bal. of mm  IDAC Accident Rport: Consistent? : Yes or No  Bal. of mm  IDAC Accident Rport: Consistent? : Yes or No  Bal. of mm  IDAC Market Value:  IDAC Accident Rport: Consistent? : Yes or No  Bal. of mm  IDAC Market Value:  Bal. of mm  IDAC Market Value:  IDAC Accident Rport: Rear I Ols I N/S I UIC I Rooftop or Rear of S.  The UIC I Chassis frame I Body Structure affected due to collision.  Date / Time Action / Instruction  TOY :  PV:  Nett:  Date/Time, File Pass to?  I: Final Report: Resurvey No. of Trip:  Date/Time, File Return to?  Actid Fee: Site Insp (\$ ) s. Ps. St.  Inferview (\$ ) Plooks  Tech. Invs (\$ ) Others			Tyre Size: F: 215/60/216-		
Remark: The vein had commenced its repair at the time of inspection.  Bal. or Market Value:  Bal. or Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Date:  Person Contacted:  Date:  Person Contacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  TP Clanc.   Date:  Preli. Report  Date/Time, File Pass to?  1 Preli. Report  Date/Time, File Pass to?  1 Survey Fee:  Transportation:  The UC / Chassis frame / Body Structure affected due to collision.  Date / Time  Actid Fee:  Site Insp (\$	(Policy Conditi	tion)	R: 815/60216		
Ball or Market Value:  IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  TP CLUAC:  Date Time, File Pass to?  Date Time, File Pass to?  Date Time, File Return to?  2 Actid Fee: Stite Insp (\$ ) Protoce  Front Rear R/Bal. Ob mm R/Bal. Ob mm L/Bal. O		100 April 100 Ap	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction TR Clunc.  Date/Time, File Pass to? Preli. Report DeterTime, File Return fo?  Actid Fee: Site Insp (\$ ) \$ **Res. st   Interview (\$ ) \$ **Prodoce  Feport Formes: Tech. Invs (**) \$ **Others*	repair	r at the time of inspection.	TOYO / YOKO or		
Date of Time   Action / Instruction   Transportation	Bal. or Market V	√alue:	<u>Front</u> <u>Rear</u>		
GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time			R/Bal. 66 mm R/Bal. 66 mm		
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Res g S  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to c		0 11 (0 W - N-	L/Bal. Ole mm L/Bal. ole mm		
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	Est. Repairs:	days Res.: Yes or No			
CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	Lum Sum:	% 3 Val.: Yes or No	'Survey held at Modern'		
Date / Time   Action / Instruction   TP Clund    MV :   PV :   Nett :    Date/Time, File Pass to?   Preli. Report   Days Of Repair:    1)   Final Report   Resurvey No. of Trip:   Survey Fee:   Transportation:    Date/Time, File Return to?   Sample Structure affected due to collision.	CA / REV /		- 1		
TP Clund:  MV:  PV:  Neth:  Date/Time, File Pass to?  : Preli. Report  Days Of Repair:  1) : Final Report  Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$ ) _ s + Rs_ Si  : Interview (\$ ) Photos  Feeport Formst: Tech. Invs (\$ ) Others					
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