..... CS3 LPC 21007820/TIV/3-1 ASSIGNMENT COE 2028 WOV From: SMF73894 Yr Regn: 2008, NOV Veh No: Estimated Cost: Type: MCar / M.Cycle / Bus / Van / Lorry /.Taxi / Prime Mover / OD TP I WS I TP RES I OD RES I EVA I INV I MV Truck / Trailer or To Inspect Vehicle No: 04 ta 1515 Make: at Workshop m/s Colour A/C: Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Insured: **GBA 9147Y** Eng/No: Policy No. C/No: 7 NM Inoos Claims No. 21/21/21/VC00/024787 Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (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 N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or laullech Bal. or Market Value: Front Rear IDAC Accident Rport: Consistent?: Yes or No R/Bal. mm mm GIA / PR Seen: Consistent?: Yes or No L/Bal. mm mm Est. Repairs: Res.: Yes or No days D.O.A. 17/7/21 D.O.I. Lum Sum: 3 Val.: Yes or No Survey held at opmax CA / REV / REP. / 24 HRS Des. of Damages : Frt (Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Week 26/7/21 Submit PRS Submit LS \$10,650 (Red 3250, 23%) Date/Time, File Pass to? : Preli. Report Days Of Repair: 10 : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: 2) 27/9/21-typist Add Fee: : Site Insp (\$ _S + RS.__SI : Interview (\$ Photos Reper Format: TP : Tech. Invs (\$ Others Lump Sum / LE. E. (* LS \$10,650 Weellend (\$ TOTAL