MEF: CS3/ASM 21010732/T1 43. ASSIGNMENT Veh No: 5MN 3804A Yr Regn: 295, Jan From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Estimated Cost OD ATP I WS I TP RES I OD RES I EVA I INV I MV Truck / Trailer or Topotalina CVT. C.C 1497 To Inspect Vehicle No: Máka: at Workshop m/s A/C: Colour Insured / Std / NI / NA T/Radlo: Insured / Std / NI / NA Sp.Reading Eng/No: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder/Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NII / SIRIM / STD AIRIM O Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS Remark: The veh had commenced its Touvador repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Rear Front . R/Bal. 6 R/Bal. mm Consistent? : Yes or No IDAC Accident Rport: L/Bal. UBal. mm Consistent?: Yes or No GIA / PR Seen: D.O.I. 20/20/21 D.O.A. Res.: Yes or No days Est. Repairs: Tegin motor 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear (O/S) / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time 5000 -42000 Novall SHOULD BE 4K-5K 6 REPAIR DAYS SUBMIT PRS REPORT Days Of Repair: 6 Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? \_S + RS.\_\_SI Add Fee: : Site Insp (\$ : Interview (\$ Photos : Tech. Invs (\$ Others Repert formal : : Weel and (\$ Lump Sum / LEA: (F TOTAL