CS3/ASM21010776/T1443 ASSIGNMENT SLM 3614Z Yr Regn: 2017, March _____Date: Estimated Cost: Type: (M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD ITTO I WS I TP RES I OD RES I EVA I INV I MV Truck / Trailer or To Inspect Vehicle No: Renault Megespe c.c 1461 Mákė: at Workshop m/s Insured / Std / NI / NA Colour T/Radlo; Insured / Std / NI / NA Sp.Reading Insured: Eng/No: VEIREBOOK 7030927. 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) Modl: NII /S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Bal, or Market Value: ____ + 956 K . Rear Front R/Bal. mm 6 R/Bal. IDAC Accident Roort: ∐Bal. UBal. Consistent?: Yes or No GIA / PR Seen: D.O.I. Res.: Yes or No D.O.A. days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Regr. / 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: Date: Action / Instruction Date / Time pert Pen SHOULD BE 3K -4K, 4 REPAIR DAYS. submit PRS Report Days Of Repair: Date/Time, File Pass to? : Prell. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? Add Fee: : Site insp (\$ _8 + RS.__SI : Interview (\$ Photos : Tech. Invs (\$ Others Representat: Weellend (\$ Lump Sum / LEA: CF TOTAL