MEF: CS3 | ASM 2101227 | TITY 3 ASSIGNMENT SLE 90929 - Yr Regn: = 201,6 Aug From: _____ Date: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD I(TP) WS / TP RES / OD RES / EVA / INV / MV Morris. Mákė: To Inspect Vehicle No: A/C: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Insured: Eng/No: 71W00018472 C/No: Policy No. Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum insured: Brake: Inordel / Jammed / Leaked / Burnt or (Client's Record) Modi: NII IS/RIM / STD A/RIM or Make of Veh: Tyre Size: (Policy Condition) BE DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The yeh had commenced its NIS repair at the time of inspection, TOYO / YOKO or Bal. or Market Value: Front R/Bal. Consistent? : Yes or No R/Bal. IDAC Accident Roort Consistent?: Yes or No UBal. UBal. GIA / PR Seen: D.O.I. Res.: Yes or No D.O.A. days Est. Repairs: 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 84000 - 45000 SUBMIT PRS REPORT Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site insp (\$ __S + RS___SI : Interview (\$ Photos Repert ormet: : Tech. Invs (\$ Others Lump Sum / LB.H (% Weellend (\$ TOTAL