MEF: CS 1 (521011954 / Tivfs **ASSIGNMENT** 202 6 Men SGH 7239H Yr Regn: 2006 From: Type, M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: 6 18 WS ITP RES I OD RES I EVA I INV I MV Truck / Traller or Mákė: To Inspect Vehicle No: Insured / Std / NI / NA at Workshop m/s Colour T/Radlo: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: MPC21P00110100 C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt SMPC2100408H Claims No. Steering: in order / Jammed / Leaked / Burnt or Sum Insured: Excess: inprder | Jammed | Leaked | Burnt or (Client's Record) Modi: NII / B/Rym / STD A/Rim or Make of Veh: Tyre Siże: (Policy Condition) BS | DUN | EXNOVA | GY | FS | LIZA | MIC | OHTSU | PIR | SUMI | NIS OIS Remark: The veh had commenced Its repair at the time of inspection. TOYOTYORD Rear 935K. Front Bal. or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: UBal. UBal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. 19/11/21 Res.: Yes or No days Est. Repairs: Survey held at 3 Val.; Yes or No Lum Sum: Des. of Damages; Frt / Rear / O/S / N/S / U/C / Rooftop or 1 REP. 1 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time NO GIA. 10/12/21 LS \$1100 confirmed by email (Red 1324.40, 54%) Days Of Repair: Date/Time, File Pass to? : Prell. Report Survey Fee: Resurvey No. of Trip: 1 : Final Report Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ S+RS. 2) 10/12/21-typist : Interview (\$ Photos : Tech. Invs (\$ Represent: Merimen

: Weellend (\$

TOTAL

Lump & w / LE .: (7: LS \$1100