	-	ere c	
ASS.	Fi-Ci	BY:	

1 State College Della	ASSIGNMENT
	Con 6 SI 6F
From: Date:	Veh No: Sm 6 5516E Yr Regn: 2018 / Dec
Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Andi AS c.c 1884
at Workshop m/s	Colour R/C: Insured / Std / NI / NA
of	Sp.Reading 37002 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WAUZZZF55KA013468
Claims No.	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: F: 245/40R/8
(Policy Condition)	R: 245/40248
Remark: The veh had commenced its N/S	
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 31/12/21
% 3 Val.: Yes or No	'Survey held at Presium.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	: IN/OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	, , , , , , , , , , , , , , , , , , , ,
IP III	
MV :	
PV:	
Nett:	
Date/Time, File Pass to?	
. I tolk troport	Days Of Repair:
) Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation: 1 did Fee: : Site Insp (\$) 3 + RS SI
)/2	
aport Formet	, most view (* 1700)
teport Formet :	: Tech. Invs (3) Others
ump Sum / LBJ: /3	: Westerd 18