ASS, REC. BY: STEVE: REF: CS3/LPC22	000286/Eqy3
DRC ASSIGNMENT	
From: Date:	Veh No: GBF 4806K Yr Regn:
Estimated Cost:	Type: M.Car / M.Cycle / Bus (Van) Lorry / Taxi / Prime Mover /
OD (TP) WS/TP RES/OD RES/EVA/INV/MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Hioce co 2755
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 133765 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 51771077400110.568
Claims No. 21/22/22/VC00/025341	Gen. Cond: Good /(Fal) / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or Modl: NII / S/RIm / S/D A/RIm or
Make of Veh:	Tyre Size: F: 195815
	R: //
(Policy Condition) Remark: The veh had commenced its · N/S O/S	BS (DUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
\	Front
Bal, or Market Value: IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm . R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. W mm L/Bal. W mm
Est. Repairs: 6 days Res.: Yes or No	D.O.A. 7/1/72 VQ FOR TOO DO
Lum Sum: % 3 Val.: Yes or No	Survey held at LYS Engineering
CA I REV I REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
INO GIA report kepail range 4K 5K	
6 report days	
25/01/22 Submit PRS	
	6
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 6 Resurvey No. of Trip: Survey Fee:
1) 25/01 Typist : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Add Fe	e: : Site Insp (\$)s+RsSi
2)	: Interview (\$) Photos
Report Format : PRS	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	:Weekend (\$)