ASS REC. BY: Stevel CS/ASM 29	1002658/FTC 1
PRS ASSI	GNMENT
From: Date:	Veh No: SMP 91937 Yr Regit. 28/11/07
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD I (F) WS I TP RES I OD RES I EVA I INV I MV	Truck / Traller or
To Inspect Vehicle No:	Make: Honda CIVIC ac 1799
of Workshop m/s	Colour Silver AC: Insured Std NI NA
o!	Sp.Reading 354350 T/Radio: Insured / Std / NE/ NA
Insured:	Eng/No:
Policy No.	C/NO: JP1MPD 163083206518
Claims No.	Gen. Cond: Good Far / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Breke: Inorden/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 205/55 R/6
	Tyre Size: F: 105/55 1/4
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI)
LXXX	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. LP inm
GIA / PR Seen: Consistent?: Yes or No	D.O.A. 1713/1) D.O.I. 13/3/17
Est Repairs: days Res.: Yes or No	- Have Sen Hard the
tum Sum: % 3 Val.: Yes or No	Control House
CA / REV / 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 Aglion / Instruction	
MV-50K	
Put 3 to 4k. 5 days	
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Osteriane, the fass of Preli. Report	Days Of Repair:
Enter internal	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return 107	. Transportation:
2) Add Fe	e: : Site Insp (\$)_s - 85si
	: Interview (\$) Photos
Replace Forms:	: Tech, Invs (3) Olice
kumρ 20m/1.18.f; C ₂)	:Weelend (\$
-	TOTAL
	1.