ASS. REC. BY: TOURM - REF: CS3/ASM	22003065/79.43
•	Veh No: 6865687A Yr Regn: 2017, Aug. Types M. Ser / M. Syele (Rye. 1/Ora) / Taxi / Prime Mover!
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Yorky / Taxi / Prime Mover /
	- Type: Mi.Cat / Mi.Cycle / Bus / Vall / Cong / Maxi
OD (TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Toyota Dyna - c.c 2982
To Inspect Vehicle No:	- No. trained 1 Std / NI / NA
at Workshop m/s	
of	Sp.Reading 165189 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: STF4T35Y00K208919
Claims No. S2M03XEY	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: (Ni) / S/Rim / STD A/Rim or
l'	Tyre Size: F: 195 75/15
(Policy Condition)	R: 157/55R12
Remark: The veh had commenced its N/S O/S	BS / DUN LEXNOVA / GY /-FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / (roka) or
Bal. or Market Value: 60K(est)	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. L/Bal. Mm
Est. Repairs: 7 days Res.: Yes or No	D.O.A. D.O.I. 6/4/22
Lum Sum: % 3 Val.: Yes or No	Survey held at V- Tech
CA / REV / REP. / 24 HRS Vehicle: IN / OU	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	1357 ABP 2 2 22
	0-96000, 7deys.
13/04/22@9.17am revised to ��onne Ang vi	a Smart Claims.)
13/04/22 Submit PRS.	
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Dale/Time, File Pass to? : Preli. Report	Days Of Repair:7
)13/04 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add F	ee: :Site Insp (\$)_s+Rs_s
<u></u>	: Interview (\$) Photos
Repair ormet: SMART CLAIMS - PRS	: Tech. Invs (\$) Others
The second secon	
Lump Sum / LBJ: ()	:Weel:end (\$)
	TOTAL