ASS. REC. BY:	22003366/Kny3
Kenneth	ASSIGNMENT
From: Date: Estimated Cost:	Veh No: SM = 2583K Yr Renn: 10, 1
OD/TP/WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Water A . Wagen
at Workshop m/s Com Rel	Make: Maldp CX5 c.c 1998 Colour M. P. Blvc AC: Insured / Std / NI / NA
Insured:	Sp.Reading 79969 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No: C/No: TM (V F D : 7.0 / Eng/No)
Claims No.	- 0 / 1 W 4/4K 07404
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked/ Burnt or
Make of Veh:	Modi: NII / S/Rim / STP A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 225/85R17
Remark: The veh had commenced its N/S 0	BS/DUN/EXNOVA/GY/FS/LIZA (MIC) OHTSU/PIR/SUMI/
repair at the time of inspection.	TOYO/YOKO or
Bal, or Market Value:	Eron! Rear
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9
THE STATE OF NO	L/Bal. 9 mm L/Bal. 9
Lum Sum: 1.B.1 % 3 Val.: Yes or No	D.O.A. 25/3/22 D.O.I. 12/4/202 Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OU	Thea N/1 1 Ten
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
12/12 \$ 63/6.40	
18/3 8 217/2	
Confirmed with wksp final fig: \$9221.20 and 6 days	
(red, \$7247.9, 44%)	
(IEU, \$1241.9, 4470)	
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 6
1) 20/03/23	Resurvey No. of Trip: 1 Survey Fee:
2) Add Fee	Transporta621.
Add Fee	_ \$ + RS \$I
Report Format: tp	: Interview (\$), Fixths
Lump Sum / I.B.I: (S 9221.20	Tech invs (\$). Others
	Weekend (\$
* ~	ICTAL