יייפר			A	Nec (ch	۸
ASS.	. REC	.BY:	,//	MAC	_

REF: (8/TMT 22003443/443

ASS. REC. BY: TYVV OW	CNMENT
ASSIC	Veh No: SHB 623(1) Yr Regn: 5/1 //7
From: Date:	Veh No: SHB 623(1) Yr Regn:
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Tunnel Type: M.Cycle / Type
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or Make: Liq UNClai UO
	Make: Lig UNCIAN 1910 A/C: Insured / Std / NI / NA
To Inspect Vehicle No:	Colour T/Radio: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading SU6216
of	Eng/No: MMHLBYlumHLO97910
Insured:	C/No: MMHL13414MMTOTO
Policy No.	Gen. Cond: God / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: NII / SRim / STD A/Rim or
Make of Veh:	Tyre Size: F: 266/66 M16
	706/60/1/0
(Policy Condition)	A LIZA / MIC / OHTSU / PIR / SUMIT
Remark: The veh had commenced its	TOYO/YOKO or west/alle
repair at the time of inspection.	Front Rear
Bal, or Market Value:	Front R/Bal. 5 mm R/Bal. 5
Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Consistent?: Yes or No	R/Bal. 5 mm R/Bal. 5 mm L/Bal. 5 mm mm L/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	D.O.I. 1919/201
days Res.: Yes or No	C D C
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
/ CALURS	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date:Person Contacted:	- Inc ord , s
Date / Time Action / Instruction	
02/08/2022 Submit LS \$3,150.00 ; 3 days	
(Red. \$953.16 ; 23%)	
	Days Of Repair: 3
Date/Time, File Pass to? ; Prell, Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report	Transportation:
Date/Time, File Return to?	ee: Site Insp (\$)s+Rs,si
2)	: Interview (\$) Photos
	: Tech. Invs (\$) Others
Report Format : TP	
Lump Sum, I.B.I: (\$ \$3,150.00)	:Weekend (\$)