ASSIGNMENT FBD 13T ____ Yr Regn: _____ / Date: Veh No: From: Type: M.Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD ITPI WS I TP RES I OD RES I EVA I INV I MV Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sb.Reading of Eng/No: Insured: C/No: Policy No. Gen. Cond: Good/ Fair / Poor / Burnt Claims No. Steering: Inorde/ Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nih / S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY /-FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its N/S OIS repair at the time of inspection. TOYO / YOKO or Rear **Front** Bal. or Market Value: R/Bal. mm R/Bal. Consistent?: Yes or No IDAC Accident Rport: ∐Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages (Frt Rear / O/S (N/S)/ U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time NOGIA Date/Time, File Pass to? : Prell. Report Days Of Repair: Resurvey No. of Trip: : Final Report Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S÷RS. SI : Interview (\$ **Photos** Reperisonnai: :Tech. Invs (\$ Others Lump Sum / LBJ: (% Weellend (\$ TOTAL

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