ASS. REC. BY: STEVE CS3/ASM 22004006/EtuR	
ASSIGNMENT	
Front: Date:	Veh No: SMY 6204D Yr Regn; 18/3/2/
Estimated Cost:	Type: MCar M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD INPIWS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Jang CIVIC co 1597
at Workshop m/s	Colour Grey A/C: Insured/Std/NI/NA
of	Sp.Reading //6(1) T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: MKHEC5650LT 000561.
Claims No.	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: Nil / SKim / STD A/Rim or
/	Tyre Size: F: 0.15/55816
(Policy Condition)	R: //
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or - Jankeek
Bal. or Market Value:	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 5, mm L/Bal. 5, mm
Est. Repairs: days Res.: Yes or No	D.O.A. 75/4/27 D.O.I. 18/4/27
Lum Sum: % 3 Val.: Yes or No	Survey held at B'S Performing
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   Action / Instruction /	
MV-115K. Repair value 1K-8K	
10 days	
SUBMIT PRS REPORT	
1	
10	
Oale/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trlp: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)_s + RSSI
	: Interview (\$) Photos
Repart Format :	: Tech, Invs (\$) Others
Lump Sum / LB.J: (%	: Weekend (\$
	TOTAL