SS. REC. BY: TOUM REF: (20 14()	SIGNMENT
rom: Date:	Veh No: SLS 280 Yr Regn: 2015 1 Sep.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Andi Q7 c.c 2995
at Workshop m/s	Colour
of	Sp.Reading 67 560 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 6 WAY 2774 M 4617 008018
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: Wax '	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 285 45 R 20
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (FIR) / SUMI /
repair at the time of inspection.	4 TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport:Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mr
Est Repairs days Res.: Yes or No	D.O.I. (2/5/2
Lum Sum: % 3 Val.: Yes or No	Survey held at Auto (NSWR
CA / REV / REP. / 24 HRS  Vehicle: IN / C	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 collisi
Date / Time   Action / Instruction	
·	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2) Add	
	: Interview (\$ ) Photos
Reput Formal :	: Tech. Invs (\$ ) Others
Lump Sum / LB.J.: (F	/ 5000