ASS. REC. BY: Ste've 1 CS3/ASM	22005112/EVC 1
ASSIC	GNMENT
Front: Date:	Veh No: SMT 3940H Yr Regn: 12020
Estimated Cost:	Type: MCar/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD (TP) WS (TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Henda Vele c.c 1496
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 914738 T/Radio: Insured / Std / NI / NA
Insured: SH 7642J	Eng/No:
Policy No.	CNO: PUI- 13/99/16
Claims No. S2M042KA	Gen. Cond: 2004 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inprder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh.	Modi: NII / S/Rim / STD A/Rim or
ment of 1976	Tyre Size: F: 005/5/5/16
(Dalley Condition)	R: (/
(Policy Condition) 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.	TOYO/YOKO or
LXXX	Front
Bal. or Market Value: IDAC Accident Roort: Consistent? : Yes or No	R/Bal. // mm R/Bal. // mm
	UBal. W mm UBal. The mm
Barra Mar at No.	D.O.A. 75/5/70 D.O.I. 27/6/12
Lac reposit	Survey held at
Lum Sum: % · 3 Val.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted: Date / Time Action / Instruction	
No GIA report Repair	ir rage 1/2 - 31
	5 days
28/6/22 Submit PRS, repair range \$2,000-	-\$3,000
THE STATE OF THE S	
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 5
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add E	ee: :Site Insp (\$)_s+RSSI
2) 28/6/22-typist	:Interview (\$) Photos
Repart Forms:	: Tech, Invs (\$) Others
Lump Sum / LB.f: (%	: Weel:end (*
and a second	TOTAL
•	:_ '