ASS. REC. BY: USAM CS/CT	22005303 Rty3 6559
CS3/CTI22005303/R1TY3	ASSIGNMENT
From: Date:	Veh No: SLH 3311Z Yr Regn: 2016 1 04
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: \$ SLH 331()	Make: TOYOTA HARLIER ELG 2:0 ASPR. 1986
	Colour State A/C: Insured / Std / NI / NA
of 1, KKKI BUKET NVE 6#01-35	Sp.Reading 54915 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: Z& U. CO 0408 4 355 *  Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorde / Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)	Brake: Morder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 225 65R17
(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.	тоуо / уокд ог
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 15/02/22 D.O.I. 13/06/22
Lum Sum: % 3 Val.: Yes or No	Survey held at HNP IZH HWK
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN	0 10
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
REGIAND UMIT - YOK	
ESTIMBLE RAWLE OF ESPATR	/no. of onys - GK-3K) /3 days
SUBIVITI PRO REPORT	
confirmed lump sum: \$1650	and 4 days
(red, \$4111, 71%)	
ate/Time, File Pass to? : Preli. Report	Days Of Repair: 3 4
08/08/22 : Final Report	Resurvey No. of Trip: 1 Survey Fee:
rate/Time, File Return to?	Transportation:
Ado	d Fee:   : Site Insp (\$ )S+RS,SI
	: Interview (\$ ) Photos
Report Format :	Tech Invs (\$ ) Others
Report Format :	: Tech. Invs (\$ ) Others : Weekend (\$ )