ASS. REC. BY: Steve: REF: CS3/LPC) 1005037/Eqy3-1

ASSIGNMENT	
From: Date:	Veh No: SKT3771C YrRegn: 2015,
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD/TP/WS/TP RES / OD RES / EVA / INV / MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Tayota AHIS c.o 1598
at Workshop m/s	Colour RIVE A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MK953RFA114555515
Claims No. 21/22/22/VC00/025851	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Cllent's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / SRIM / STD A/RIM or
	Tyre Size: F:
(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.	TOYO / YOKO or
Medical Medical	Front RyBal. L/ min
Bal. or Market Value: Consistent?: Yes or No	R/Bal. Mm L/Bal. L/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal. U min
Res! Yes of No .	D.O.A. 76 5
Est. Repairs.	Survey held at Triple
Lum Sum:	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	The U/C / Chassis frame / Body Structure affected due to collision
Date:Person Contacted:	The U/C / Chassis name
Date / Time Action / Instruction	
V. KOIT	
10/06/22 Submit PRS. 28/06/22 Submit LS \$2100, 5 days (Red \$16)	00 43%)
	Days Of Repair: 5
Date/Time, File Pass to?	Survey Pee:
1)28/06 Typist : Final Report	Transportation
Date/Time, File Return to?	ee: : Site Insp (\$)s+RSSI
2)	: Interview (\$) Photos
TP	: Tech. Invs (\$
Report Format:	:Weekend (\$)
Lump Sum (1.8.1: (\$2100)	