ASS. REG&BY: SIEVE	·
· ASSI	IGNMENT
From: Date:	Veh No: GBG 1101PS Yr Regn: 31/5/17
Eslimated Cost:	Type: M.Ca) / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD THI WS ITP RES I OD RES I EVA I INV I MY	Truck / Trailer or
To Inspect Vehicle No:	Make: NISSAN NVOPC c.c 11/61
at Workshop m/s	Colour Siver A/C: Insured / Std / NI / NA
of	Sp.Reading 6647 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: VSKBAM 207 0145082
Claims No.	Gen. Cond: Good   Falt   Poor   Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	W LOUDIN / STO NIRITH OF
Make of Veh:	Modi: Nii / S/Rim ( SYO A/Rim of Tyre Size: F: 135/108/146
	1)
(Policy Condition)	R: // BS / PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
Remark: The veh had commenced its N/S O/S	TOYO / YOKO or
repair at the time of inspection.	Front 1
Bal. or Market Value:	R/Bal. W mm , R/Bal. 4 mm
IDAC Accident Roort Consistent? : Yes or No	UBal. UBal. UBal.
GIA / PR Seen: Consistent? : Yes or No	D.O.A. 0.4/8/77 D.O.I. 6/9/7/2
Est Repairs: days Res.: Yes or No	Survey held at
Lum Sum: % 3 Val.: Tes of No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Per Dr CP
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
NY-WW	
/10/2022 Finalised L/S \$1,300.00 @ 05 days	s (Red \$7,116.00/ 85%)
:	
	Days Of Repair:
paie/Time, File Pass to? Prell. Report	Resurvey No. of Trip: Survey Fee:
; Final Report	Transportation:
Date/Time, File Return to? Add F	
2) Add P	: Interview (\$ ) Photos
	: Tech, Invs (\$) Offices
Reput Format :	Control of the Contro
Lump Sum / LEJ: (\$)	:Weellend (*)
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in the contract of the contrac	<b>Y</b> angger
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