ASS. RECOBY: STEVE CS/C1	220107/8/EW43
ASSIGNMENT	
From: Date:	Veh No: SLV:5094M Yr Regn: 29/12/17
Estimated Cost:	Type: M.Cal / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD ITPIWS ITP RES I OD RES I EVA I INV I MV	Truck / Traller or
To Inspect Vehicle No:	Make: NISSAN SYIPHN c.c 1598
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading W965 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: MNTBBAB 1720030395.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnit or
Make of Veh:	Modi: Nii / Strim (STD A/Rim or
	Tyre Size: F: <u>45/50R15</u>
(Policy Condition)	. R: //
Remark: The veh had commenced its N/S O/S	BS I DUN I EXNOVA I GY I FS I LIZA I MID I OHTSU I PIR I SUMI
repair at the time of inspection.	TOYO 1 YOKO or
Ball or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. W mm , R/Bal. W mm
GIA / PR Seen: Consistent? : Yes or No	UBal. W mm UBal. W mm
Page Vas or No	D.O.A. 16/10/12 , D.O.I. 7/11/22
Est Repairs: days Res.: Yes or No	Survey held at . Wah Hem
Luti Suit.	Des. of Damages : Frt / Rear / 619 / N/S / U/C / Rooftop cr
CA / REV / REP. / 24 HRS	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to coilision.
Date / Time Action / Instruction	
MY- 69 K	
21/11/2022 Finalise L/S \$3,100.00@ 7 DAYS (Red \$2 639 30/46%)
2 17 17 72 022 1 11 11 11 0 0 17 0 0 10 0 1	
	Days Of Repair:
Date Time, File Pass to? : Prell. Report	Survey Feat
: Final Report	Transportation:
Date/Time, File Return to?	Fee: : Sife Insp (\$)s +Rssi
2) Add	1001
25.	: Interview (\$) Photos
Repart Formet:	
Lump Sum (1.8.1: (5	:Weel:and (\$)
	: Direct