	ASSIGNMENT
From: Date:	Veh No: SLC9423 X Yr Regn: 2016, May
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:	Make: Mazda 3 c.c 1496
at Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
of	Sp.Reading 83445. T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JM 6BM42A860+33.8987
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modí: Nil / S/Rim y STD A/Rim or
Articles One	Tyre Size: F: 205/60R16
(Policy Condition)	R: 205/60R16
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 LYOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Balmm L/Balmm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 09/11/22
_um Sum: % 3 Val.: Yes or No	Survey held at Advence
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: Oate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	The Ord / Chassis name / Body Structure affected due to collision
TP ALG	
	Total Assessment Asses
	Laur mabacina pri viste.
MV:	
Nett:	
/ICII ·	The second secon
	008E.
ale/Time, File Pass to? Pro!! Report	
L. Hen Kepon	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
	Transportation: Ind Fee: Site Insp (\$) 3+RS_SI
	: Interview (\$) Photos
open Former	FILLUS

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