	ASSIGNM	ENT	
From: Date:	Veh No	SLX 6165A	Yr Regn: /
From: Date: Estimated Cost:			Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		ruck / Trailer or	
To Inspect Vehicle No:	Make:	Mazda 3	C.C
. W. J. L	Colour	Bluck.	A/C: Insured / Std / NI / NA
at Workshop m/s		3 7 16 7	T/Radio: Insured / Std / NI / NA
of	W .		Miladio. Madred / old / W/ NA
insured:			
Policy No.		and Fair / Daar / Dr.	
Claims No.		ond Good Fair / Poor / Bu	
Sum Insured: Excess:		g: Inorder Jammed / Leake	-
(Client's Record)  Make of Veh:		Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil //S/Rim / STD A/Rim or	
IVIAND UI VEII.			
(D. I'- O (III)	Tyre S		+5R18.
(Policy Condition)  Remark: The veh had commenced its	N/S O/S BS/F		The second second
repair at the time of inspection.			ZA/MIC/OHTSU/PIR/SUMI/
		THORO OI , 70	
Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes	or No R/Bal.	06	Rear R/Bal. 06, mm
GIA / PR Seen: Consistent?: Yes		ob mm	L/Bal. 06 mm
Est. Repairs: days Res.: Yes			D.O.I. 211122
Lum Sum: % 3 Val.: Yes		held at Ad	vence.
			g/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT	Front 0	
Date: Person Contacted:	Th	U/C / Chassis frame / E	Body Structure affected due to collision
Date / Time   Action / Instruction	0 2 0	1 (1/ 0)	
TP EQ.	Repor Kangl	1.516-21C.	. 04 vays.
mv :	* 2		
PV:			
Nett:	Ţ.		
		- Inches	
Date/Time, File Pass to? : Preli. Report	• Dave	Of Repair:	
1) : Final Report		vey No. of Trip:	Survey Fee:
Date/Time, File Return to?	1,0501		Transportation:
2)	Add Fee:	:Site Insp (\$	)S+RS,SI
•	To the second of	: Interview (\$	) Pholos
Report Former:		: Tech. Invo /3	) Officers

Banrier Grane & B 15 fe //e.