REF. CS/11/22011739/7043 AS:S. REC:3Y: TOWN ASSIGNMEN GBF 5380P. Yr Regn: 2016 , Dec. From: Veh No: Estimated lost Type: M.Car / M.Cycle / Bus / Van / Long / Taxi / Prime Mover / DD / TP / VS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect/ehicle No: Make: C.C 2982 at Workship m/s insured / Std / NI / NA Colour 65321 T/Radio: Insured / Std / Ni / NA Sp.Reading insured: Eng/No: Policy No. JTFHT 35420 K 206542. C/No: MCV2022D0010701 Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insued: tha 600 Excess: Steering: inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Yeh: MI SIRIM I STD AIRIM OF Modi: 195/ RIS Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S OIS repair at the fime of inspection. Bal. or Market Value: Front Rear IDAC Accident Roort: Consistent? : Yes or No R/Bal. GIA / PR Seen: Consistent? : Yes or No L/BaL mm Est. Repairs: Res.: Yes of No days D.O.A. 18/11/2022 D.O.I. Lum Sum 3 Val.: Yes or No Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV/ REP. / 24 HRS Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 3/1/22 Lump Sum \$5000 confirmed by email (5520.13, 52%) Date/Time, File Pass to? : Preli. Report Days Of Repair: 7 : Final Report Resurvey No. of Trip: 1 Date/Time, File Return to? Survey Fee: 2) 5/1/23-typist Transportation: Add Fee: : Site Insp : Interview (\$ Reporter; Merimen Photos : Tech. invs 18 LAMESTIME A. D. C. TE \$5000 Others Westerna is