12.14	SIGNMENT
From: Date:	Veh No: 6860 U Yr Regn: 20 (1, April 19 19 19 19 19 19 19 19 19 19 19 19 19
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: Nissan Cabstas. c.c 2953
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of	Sp.Reading 33882 Y T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JNISC2F24Z08@1828
Claims No.	Gen. Cond: 600d / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: (9.5 215 C
(Policy Condition)	R: 165 R13 C
Remark: The veh had commenced its N/S O/S	BS / DÚN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Tourador.
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. OG mm R/Bal. OG mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 29 11 22
Lum Sum: % 3 Val.: Yes or No	Survey held at Automobile Hub.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	TI.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	(DE 6 101 131 012/
W Charles	COE Expirity: 31 01 26.
,	
m∨:	
PV:	
Nett:	
	3526.
Date/Time, File Pass to? : Preli. Report	
The state of the s	Days Of Repair:
Date/Time, File Pass to? : Preli. Report) : Final Report Date/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee:
) : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: