ASS, REC. BY	and the second	CALAGENIE
	ASSI	GNMENT
From:	Date:	Veh No: SKG 6865 P Yr Regn: 2016 August
Estimated Cos	t:	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: Menedes Berz C180 c.c 1595
at Workshop m/s		Colour Grey, A/C: Insured / Std / NI / NA
of		Sp.Reading 86326 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: WDD2050402R195206
Claims No.		Gen. Cond. Good / 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: 225/50 R17
(Policy Condition)		R: 225/50R17
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/YOKO or
Bal. or Market Value:		Front Rear
IDAC Accident Rport: Consistent? : Yes or No		R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No		L/Bai. mm L/bai. mm
Est. Repairs:	8 days Res.: Yes or No	D.O.A. D.O.I. * (/12/22.
Lum Sum:	% 3 Val.: Yes or No	Survey held at HD Perfect.
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction	The O/C / Chassis frame / Body Structure affected due to comision.
<u> </u>	TP ECICS.	
	LS \$12700, 8 days. (Red \$15411.90), 55%)
	M√ :	
	PV:	
NAPL.	Nett:	
		563 B
		2020

Survey Fee:

Transportation:

Photos

Chiero

_8 + RS___SI

Resurvey No. of Trip: 1

: Site Insp (\$

: Interview (\$

Add Fee:

1) 22/03 Typist Date/Time, File Return to?

Report Former:

: Final Report

MER-TP