ASS. REC. BY: REF: CS 6/A1S	322012960/Cny3
AS	SSIGNMENT 6537
From: Date:	
Estimated Cost:	Yr Regn:
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s	Make: BMW 6401 c.c 2979
of	Colour Black A/C: Insured / Std / NI / NA
Insured:	Sp.Reading T/Radio: Insured / Std / NI / NA
	Eng/No:
Policy No.	C/No: WBA6170208 DZ 10764
Claims No.	Gen. Cond: Good Fair Foor / Burnt
Sum insured: Excess: \$800 2.	Steering: (norder) Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: (Inorder) Jamme 1 / Leaked / Burnt or
make of ven:	Modi: Nil / S/Rim (ST) A/Rim)or
	Tyre Size: F: 265/35 R 20
(Policy Condition)	R:
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: 138k	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal.
Est. Repairs: 3 days Res.: Yes or No	D.O.A. 11/15/2055 D.O.I.
Lum Sum: % 3 Val.: Yes or No	Suprovi hold of Della T
CA / REV / REP. / 24 HRS	Des. of Damages Frt Rear / O/S (N/S) / U/C / Rooftop or
Vehicle: IN / OUT	N/S/ U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	, body structure affected due to collision.
We will be advising our principal a cos	st of repair of \$9,099.60 before excess \$800.00
and GST with 3 days of repair, subjective (red, \$1235, 12%)	it to triell approval.
(10d, \$\psi 1200, 1270)	
Date/Time, File Pass to? : Preli. Report Da	vo Of D
1)	ys Of Repair: 3
Date/Time, File Return to?	survey No. of Trip: Survey Fee:
2) Add Fee:	: Site Insp (\$
	Interview (\$
Report Format :	Tech Inve (\$
Lump Sum / I.B.I: (\$: Weekend (\$
	TOTAL