ASS. REC. BY: REF:	382€
	SIGNMENT
From: Date: Estimated Cost: OD./ TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SMN 6704K at Workshop m/s Volkowstov of 241, Mckyman Ro Insured: A14 Policy No.	Veh No: SMN 6764k Yr Regn: 2019 1946 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: SKADA OCTAVID 1.4 AMB PWD c.c 1395 Colour Ryck A/C: Insured / Std / NI / NA Sp.Reading 8609 T/Radio: Insured / Std / NI / NA Eng/No: C/No: TMB6C7NE KO 171758
Claims No. Sum Insured: Excess: TPA \$600 (Client's Record) Make of Veh:	Gen. Cond: Good / Fair / Poor / Burnt
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: 4 days Res.: Yes or No Lum Sum: I.B.I. % 3 Val.: Yes or No	R: A - BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALKEN Front Rear R/Bal. R/Bal. mm L/Bal. mm L/Bal. D.O.A. YOLUZZ D.O.I. 29 12 22 Survey held at Volkswall Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT ate: Person Contacted: Date / Time Action / Instruction REPAR LINIT - 53K	The U/C / Chassis frame / Body Structure affected due to collision.
	600 at P/P \$7,449.22./- @ 04 days of repair
ypist : Final Report	Days Of Repair: 4 Resurvey No. of Trip: Survey Fee:
Add Fee ort Format : np Sum / I.B.I: (\$ I.B.I \$7,449.22)	Transportation: Site Insp (\$)S+RS,SI Interview (\$) Photos Tech. Invs (\$) Others Weekend (\$)
•	TOTAL