A	SSIGNMENT
From: Date:	Veh No: SMH4422T. Yr Regn: 2019, Jan.
From: Date:	Type: M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	11 1 6 1007
o Inspect Vehicle No:	Torca Civio
at Worlshop m/s	Colour
f	Op. rodding
nsured	Eng/No:
Policy No.	
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: 215/55R16-
(Policy Condition)	R: 215/55R16
Remark The veh had commenced its N/S (repair at the time of inspection.	O/S BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
DAC Assident Roort Consistent? : Yes or No	— Front Rear R/Bal. ✓ mm R/Bal. of mm
Dito i totaliti i pota	1/201 06
	D.O.A. D.O.I. 15/02/33.
	Survey held at
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS Vehicle: IN	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
77111	
	· · · · · · · · · · · · · · · · · · ·
mv :	
Nett:	
7164	
	332A.
Date/Time, File Pass to?	
	Days Of Repair:
) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	* Fig. (:: Site Insp. (\$) 8+189
7	7 11000
	foliation (\$) Holes