SS. REG. BY:	CS/I	JOI23002542/Any	v/3	
VSS. CEU. DY.		ASSIGNMENT		
	Date	Veh No:	6BH 98068	Yr Regn:
	Date:			orry / Taxi / Prime Mover /
stimated Cost:	The second secon		Trailer or	
	TP RES / OD RES / EVA / INV / MV	Make:	Toyota Hige	e · c.c 2982
To Inspect Vehicle No:		Colour	while.	A/C: Insured / Std / NI / NA
at Workshop m/s			112241.	T/Radio: Insured / Std / NI / NA
of		Sp.Reading	112011,	In date. Heart and I fill full
-		Eng/No:	K01220101	3,000 € *
Policy No.		C/No:	C/No: K01+2010230995 * Gen. Cond: 6009/ Fair / Poor / Burnt	
Claims No.				
Sum Insured: Excess:			Steering: In order / Jammed / Leaked / Burnt or Brake: In order / Jammed / Leaked / Burnt or	
(Client's Record)			Modi Nil / S/Rim / STD A/Rim or	
Make of Veh:			Tyre Size: F: (95 P15 C	
		Tyre Size:	R: 135 P	
(Policy Condition) Remark: The veh had commenced its N/S O/S		O/S RS / DUN / F	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.		TOYO / YO		TO WILL TO HISD TELL TOO WILL
- (A. 000)		Front		Rear
Bal. or Market		R/Bal.	06 mm	R/Bal. 86 mm
DAC Accident SIA / PR See		L/Bal.	26 mm	L/Bal. 06 mm
Est. Repairs:	8 days Res.: Yes or No	D.O.A.		D.O.I. 15/03/23.
Lum Sum:	% 3 Val.: Yes or No	Survey held	at M	5 Solution.
	L DED. L CAUDO			S / N/S / U/C / Rooftop or
CA / REV		: IN / OUT		
Date:	Person Contacted:	The U/C	/ Chassis frame / Bo	dy Structure affected due to collision.
Date / Time	Action / Instruction			
	Adrian confirmed lump sum: \$6500 and 8 days (red, \$5821.95, 47%)			
	Nett:	- J		
	553E.			
Date/Time, File Pa	ss to? : Prell. Report	Days Of Re	epair: 8	
1) : Final Report			No. of Trip:	Survey Fee:
Date/Time, File R		1,000,109		Transportation:
(1).		Add Fee Ste	e Insp (\$)_8+R88
	9	F : Inte	erviaw (*) Photos
	-	Plante and a second		Contract to the contract to th