ASSIGNMENT

From: Date:	W.W. GRN9120D
Estimated Cost:	Veh No: FBN 9620D Yr Regn: 2019, Jen
OD / TP) WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s	3CP ((7)) C.C (5)
of	Colour Black A/G: Insured/Std/NI/NA
Insured: SHA 8716R	Sp.Reading T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No. S3M04MRG	CNO: MH3RG4710K+(093709
Sum Insured: Excess:	Gen. Cond: Good/Fair/Poor/Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	The state of Equation of State
	1/15/7
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R: (4 9 70 11) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or MAXXX
Bal. or Market Value:	Eroni
IDAC Accident Rport Consistent? : Yes or No	R/Bal, S mm R/Bal, S mg
GIA / PR Seen: Consistent? : Yes or No	L/Bal, mm L/Bal. mm
Est Repairs: days Res.: Yes or No	D.O.A. 20/5/2023 D.O.I. 25/5/25@Za/
Lum Sum: % 3 Val.: Yes or No	Survey held at CCU Cor Kental
CA / REV / REP. / 24HRS WY (NS)	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Vehicle: IN / OUT	N/>, Lear U/S
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
00/5/00	9400-5000, 6days
Dale/Time, File Pass to? : Preli. Report Di	ays Of Repair: 6
	OCUMAN II. CT.
Date/Time, File Return to?	Survey Fee: Transportation:
2) 26/5/23-typist Add Fee:	:Site Insp (\$)_s+Rs_si
	:Interview (\$) Photos
Rep Formal :	: Tech. Invs (\$) Others
Lump Sun/LB.4: (F)	: Weellend (%
	TOTAL