ASS. REC. BY: Taufin 23	00 4814 Tuy 3-1
	GNMENT
From: Date:	Veh No: SUS2 7437. Yr Regn: 2016, Marh.
Estimated Cost:	Type: M. Gar / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: M43d9 3 c.c 1496.
at Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
of	Sp.Reading 72346 T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JM68M4248.670335193
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:	Modi: Nil / S/Rim / STD A/Rim or
•	Tyre Size: F: 215/45/8
(Policy Condition)	R: 7 ~
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:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/8al. L/Bal c mm
Est. Repairs: 10 days Res.: Yes or No	D.O.A. D.O.I. 1//5/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Cine's Anto
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OL Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
1 00/00/00	110
02/08/23 submit lump sum \$9950	and 10 days
(red, \$2400, 20%)	
	and the state of t
Date/Time, File Pass to? Preli. Report	Days Of Repair: 10
, i tell. Report	
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2) Add	Francis
	: Interview (\$) Photos
Repersonner:	: Tech. Invs (\$) Offices
Lump Sinc / i.B.J. (";	: Weel:end (\$
A Secretary of the second of t	TOTAL