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| **Date: Station:** | | | | | | | | | | | | | | | | | | | | |
| **Dent/Paint** | | | | | | | | | | | | **Parts Damaged** | | | | | | | | |
| **S.NO** | **Amb Sign#** | **Km** | **Dent** | **Scratches** | **RHS**  **Door** | **RHS**  **Fender** | **LHS**  **Door** | **LHS**  **Fender** | **Rear**  **Hood** | **Roof** | **Bonnet** | **RHS**  **Parking Light** | **LHS**  **Parking Light** | **RHS**  **Head**  **Light** | **LHS**  **Head**  **Light** | **Front**  **Bumper** | **Rear**  **Bumper** | **RHS**  **Tail**  **Light** | **LHS**  **Tail Light** |
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**Body & Paint In-charge *(Insurance Claim)* Fleet Workshop In-charge Fleet Coordinator**