

BY: <u>Ram</u> REF:	C 638R	ASSIGNMENT													
Date: _____ Estimated Cost: _____ OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: <u>GBG 474E</u> at Workshop m/s <u>Wah Hong</u> of <u>38, TH Gum Rd East #01-57</u> Insured: <u>AWAC</u> Policy No. _____ Claims No. _____ Sum Insured: _____ Excess: <u>3,500</u> (Client's Record) Make of Veh: _____ (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.		Veh No: <u>GBG 474E</u> Yr Regn: <u>2017 / MNR</u> Type: M.Gar / M.Cycle / Bus / Van / <u>Car</u> / Taxi / Prime Mover / Truck / Trailer or Make: <u>TOYOTA AYMA 150 SMT</u> c.c. <u>2982</u> Colour: <u>GREEN</u> A/C: Insured / Std / NI / NA Sp. Reading: _____ T/Radio: Insured / Std / NI / NA Eng/No: _____ C/No: <u>JT FAT 354XOK 208121</u> Gen. Cond: Good / <u>Fair</u> / Poor / Burnt Steering: <u>In order</u> / Jammed / Leaked / Burnt or Brake: <u>In order</u> / Jammed / Leaked / Burnt or Modi: <u>NR</u> / S/Rim / STD A/Rim or Tyre Size: F: <u>195/75R15</u> R: <u>155R12C</u> <u>B2</u> / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Front</td> <td style="width: 50%; text-align: center;">Rear</td> </tr> <tr> <td>R/Bal. <u>7</u> mm</td> <td>R/Bal. <u>5/8</u> mm</td> </tr> <tr> <td>L/Bal. <u>7</u> mm</td> <td>L/Bal. <u>5/8</u> mm</td> </tr> <tr> <td>D.O.A. <u>24/07/19</u></td> <td>D.O.I. <u>26/09/19</u></td> </tr> </table> Survey held at <u>Wah Hong</u> Des. of Damages <u>Frnt</u> Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.		Front	Rear	R/Bal. <u>7</u> mm	R/Bal. <u>5/8</u> mm	L/Bal. <u>7</u> mm	L/Bal. <u>5/8</u> mm	D.O.A. <u>24/07/19</u>	D.O.I. <u>26/09/19</u>				
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Bal. or Market Value: <u>53K</u> IDAC Accident Rpt: _____ Consistent? : Yes or No GIA / PR Seen: _____ Consistent? : Yes or No Est. Repairs: _____ days Res.: Yes or No Lum Sum: _____ % 3 Val.: Yes or No CA / <u>REV</u> / REP. / 24 HRS Date: _____ Person Contacted: _____ Vehicle: IN / OUT		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date / Time</td> <td>Action / Instruction</td> </tr> <tr> <td><u>6/8/19</u></td> <td><u>@ 416pm Michael said owner have not decide want to claim or not</u></td> </tr> <tr> <td><u>22/8/19</u></td> <td><u>@ 515pm Michael said owner don't want to repair the vehicle</u></td> </tr> <tr> <td><u>23/8/19</u></td> <td><u>Submit preli report</u></td> </tr> </table>		Date / Time	Action / Instruction	<u>6/8/19</u>	<u>@ 416pm Michael said owner have not decide want to claim or not</u>	<u>22/8/19</u>	<u>@ 515pm Michael said owner don't want to repair the vehicle</u>	<u>23/8/19</u>	<u>Submit preli report</u>				
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Date/Time, File Pass to? ☒ : Preli. Report 1) ☐ : Final Report Date/Time, File Return to?		Days Of Repair: _____ Resurvey No. of Trip: _____ Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$) Report Format : _____ Lump Sum / I.B.I. (\$) _____													
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Date/Time, File Pass to?

☒ : Prelim. Report

1)

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2) 23/8 - typist

Report Format :

Lump Sum / I.B.I: (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

$$3 + RS, \quad SI$$

Photos

Others	1.0
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TOTAL

200

200