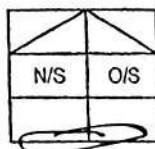


ASS. REC. BY: Rasul REF: CS/AWA 20009031/Risf3 529A

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / P / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLU 64537
 at Workshop m/s ETHO2
 of BUKIT BAROK CRESCENT
 Insured: AWAC
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: S9K
 IDAC Accident Report: _____ 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 / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLU 64537 Yr Regn: 2017 / PKC
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI ELANTRA 1.6 GLS c.c. 1591
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 41955 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM HD 841 CM JU 591182
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S.Rim / STD A/Rim or _____
 Tyre Size: F: 225/45ZR17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or: FOCUS
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 22/08/2020 D.O.I. 26/08/2020
 Survey held at ETHO2
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repr limit - 15K</u>
	<u>02/09/2020 @ 17:15 PM CHECKED WITH JACKSON, PENDING LIABILITY FROM INSURANCE, VEHICLE NOT YET REPAIR.</u>
	<u>RE-OPEN CASE FOR FINALIZE</u>
	<u>08/10/2020 RASUL CONFIRMED P/P \$ 12,561.32/12 DAYS WITH SHAH (\$ 2,584.00/RED - 17%) Celine 08/10/2020</u>

Date/Time, File Pass to?

02/09/2020

1) TYPIST

Date/Time, File Return to?

2) _____

☒ : Prel. Report

☐ : Final Report

Days Of Repair: 12

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Rep. Format: PREL

Lump Sum P/P \$ 12,561.32