

ASS. REP. BY

Rasul

REF.

CS/SMR 2201003/Rny3

8232

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLC 8421H

at Workshop m/s Auto Insurance

of 6, MARSLINCH LN

Insured: SMR

Policy No. _____

Claims No. _____

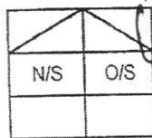
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 48K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC 8421H Yr Regn: 2016 / MAY

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HYUNDAI ELANTRA 1.6 GLS ATC 1591

Colour: RED A/C: Insured / Std / NI / NA

Sp. Reading: 65465 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CM HU 195120

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: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 27/09/22 D.O.I. 11/10/22

Survey held at Auto Insurance

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S FR

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 22K</u>
	<u>Rasul confirmed with wksp final fig \$524 and 1 days</u>
	<u>(Red, \$2338, 82%)</u>

Date/Time, File Pass to? ☐ : Preli. Report

1) 17/5/23 ☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Form(s): _____

Lump Sum / L.B. / C: _____

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____