A/C REC'D BY: Rasul | REF: CS/SMR2201003/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 INSURE

of 6, MARSILING 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.

N/S	O/S

Bal. or Market Value: 48K

IDAC Accident Rport: _____ 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 1.6GLS AT C.C 1591

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

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

Eng/No: _____

C/No: KMHD841CMHU195120

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / 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 INSURE

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

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

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

Date/Time, File Pass to?

1) 17/5/23

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: 1

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

Report Format : _____

Lump Sum / I.B.I: (% _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	