Insurer: Taufibh | REF:

ASSIGNMENT

OPC

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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
X	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS PRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLW 1120S Yr Regn: 2018

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Sienta c.c. 1496

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

Sp.Reading: 2980 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MHFZ28H3200047629

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: 185/60R15

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.			D.O.I.	25/6/19 @ 4:50 pm	

Survey held at: Zolar Auto #06-21

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
	NO GIA - Estimated repair range $2,500 - $3,300. [signature] 21/8/2019.

RECEIVED 22 AUG 2019

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

1) ☐ : Final Report

Date/time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	100
Transportation:	60
S+RS:	60
Photos	
Others	
TOTAL	220

Report Format: PRS

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