

ASS. REG. BY: Taufik

REF: 033 / MSB 23007002 / Tup3

ASSIGNMENT OPC car

From: _____ Date: _____
Estimated Cost: _____
OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop. m/s _____
of _____
Insured: SHD 3199A
Policy No. _____
Claims No. S3M04NYI
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remarks: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: \$88K.
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seac: _____ 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

N/S	O/S

Veh No: SML488E Yr Regn: 2019, May
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Altis c.c. 1598
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 26261 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR053REH604596569
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: NI / SRim / STD A/Rim or
Tyre Size: F: 215 / 45 R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>9/7/2023</u>	D.O.I.	<u>12/7/23 at 2pm</u>
Survey held at	<u>Eng Soon</u>		
Des. of Damages	Frt / <u>Rear</u> / O/S / N/S / U/C / Rooftop or		

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

Date / Time	Action / Instruction
14/7/23	Repair Range: \$6000 - \$7000, 7 days

Date/Time, File Pass to? ☐ : Prell. Report
i) ☐ : Final Report

Days Of Repair: 7
Resurvey No. of Trip: _____

Date/Time, File Return to?
2) 14/7/23-typist

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

Rep. Format: _____
Lump Sum / L&K ()