

ASS. REG. BY: Taufik

REF: 033/MSB23007002/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: _____
Policy No. _____
Claims No. _____
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 WP x PRS
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: 215/45R17
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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. 12/7/23 at 2pm
Survey held at Eng Soon
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>Repair Range: \$6000 - \$7000, 7 days</u>

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

Date/Time, File Return to?
2) _____

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

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

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

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