

08/11/13 Wof  
ASS. REC. BY: Wof

REF: C83 GRB22011635/Rqj3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SCH 7575J  
at Workshop n/s LAY MUN GARAGE  
of 88 JOH GUAN ROBST #0226104  
Insured: CRB  
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: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SCH 7575J Yr Regn: 1  
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: TOYOTA NARH c.c. \_\_\_\_\_  
Colour: BLACK A/C: Insured / Std / NI / NA  
Sp. Reading: 279844 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: ZWR80 03555418  
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: 195/65R15  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or DURUN  
Front Rear  
R/Bal. 6 mm R/Bal. 6 mm  
L/Bal. 6 mm L/Bal. 6 mm  
D.O.A. 16/11/22 D.O.I. 22/11/22  
Survey held at LAY MUN  
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

REPAIR LIMIT -

ESTIMATE RANGE OF REPAIR / NO. OF DAYS (1K-2K) / 4 days

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Insp (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

S + RS \_\_\_\_\_ SI

Photos

Others

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_