

(08/11/13) wof  
 ASS REC. BY: [Signature]

REF: CS3/AS 2300 5751/R9P3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: GBE 9616P  
 at Workshop m/s YAP MORRIS  
 of 3020A WBI RD / # 01-38  
 Insured: AIS  
 Policy No. \_\_\_\_\_  
 Excess: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

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  
 Turn Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBE 9616P Yr Regn: 7  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: \_\_\_\_\_ c.c. \_\_\_\_\_  
 Colour: WHITE A/C: Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: DA17V805084  
 Gen. Cond: Good / Fair / Poor / \_\_\_\_\_  
 Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: NIP / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 155R12C  
 R: n  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Falken

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>16/05/23</u>	D.O.I. <u>26/05/23</u>
Survey held at <u>YAP MORRIS</u>	
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or <u>FR O/S &amp; REAR</u>	
The U/C / Chassis frame / Body Structure affected due to collision.	

Date / Time	Action / Instruction
	<u>Repair Limit -</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS -</u>

Date/Time, File Pass to?  : Preli, Report  
 : Final Report

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

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

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

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ SI	
Photos	
Others	

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

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_