

ASS. BY: BRYAN

REF:

CS/TP21008910/Duc

ASSIGNMENT

COR2 Feb 2024

From: _____ Date: _____

Estimated Cost: _____

OD / T / FWS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: SJT 4425H

at Work Shop m/s JWG

of _____

Insured _____

Policy No. _____

Claims No. _____

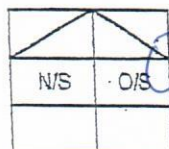
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Police Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. of Market Value: _____

IDAC Accident Report _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 1 days Res.: Yes or No

Turn Sum: 7/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SST 4425H Yr Regn: Oct 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Makes: Volkswagen Scirocco C.D. 1390

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

Sp. Reading: 164588 T/Radio: Insured / Std / NI / NA

Eng/No: CAV 019050

C/No: WVW 2221329V026046

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: 225/40 R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 19/07/21 D.O.L. 29/07/21

Survey held at JWG AMK

Des. of Damages: Fri / Rear / O/S / N/S / U/C / Rooftop or

o/s Body

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

Date / Time	Action / Instruction
	Independent SPF
	Submit final fig P/P \$1026.86, 1 repair day.

Date/Time, File Pass to?

☐ : Preli. Report

1) 30/8 TYPIST

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 1

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

100

50

50

15

80

295

Report Format: TP

Lump Sum / B.B. (\$) 1026.86