REC. / Rec. BY: GQ | REF: CTI CS/AIG21004671/Etf3

ASSIGNMENT

From: Date:

Estimated Cost:

[OD] / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s GOLDBELL ENGINEERING

of

Insured:

Policy No.

Claims No.

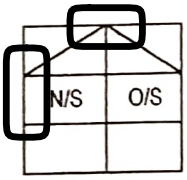
Sum Insured: Excess: $800

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / [REV] / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: YM9932L Yr Regn: 12 Feb 2009

Type: M.Car / M.Cycle / Bus / Van / [Lorry] / Taxi / Prime Mover / Truck / Trailer or

Make: NISSAN MKB37BLHRA c.c 7684

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

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

Eng/No:

C/No: INMKB37BL00133 *

Gen. Cond: Good / Fair / [Poor] / Burnt

Steering: [Inorder] / Jammed / Leaked / Burnt or

Brake: [Inorder] / Jammed / Leaked / Burnt or

Modi : [Nil] / S/Rim / STD A/Rim or

Tyre Size: F: 225/90R17.5

R: 225/90R17.5

[BS] / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 08-03-2021 D.O.I. 03-05-2021

Survey held at W/S 2:20PM

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
	Total Rebate Amount: $7717
	market value $23000 lta 7709.00 nv 15,291
	submit extensive total loss

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : 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: S + RS. SI

Photos

Other:

TOTAL

Report Format: OD TL

Lump Sum / LPD: