15/5/2010

INS. CASE OWNER: OH Vale 6568804897 | CC4/ASM20002280/Epa3 | LKK: IDAC: 159839

ASSIGNMENT

Surveyor: STEVE DOI: 10/02/2020 Date / Time : 10/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE *VIRTUAL*

Insured Vehicle No. : WC7004E Claim No. : S0M02FD8 x

Name of Insured : YATSEN TECHNOLOGIES PTE LTD Policy No. : GA420796

Insured Tel No. : HP: Make / Model : ISUZU CYH52S-15.7 D (M)

Excess Sec II :S$ D.O.A : 30/01/2020 17:05 Place of Accident : JALAN LEMPENG

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : RAJAGOPAL RAJKUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-81876424 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLG 8336A → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: SK	WSP:	WSP:	WSP:
Tel : AUTOMOBILE	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLG 8336A - CC6/AIG17019917/Uyb3s2; DOA: 14.10.17	Non-Reporting ltr (1st):	
	- NA/MSG17019791/h4; DOA : 14.10.17	Non-Reporting ltr (2nd):	
	WC 7004E - CC4/ASM19006757/T1wb3q2 ; DOA : 11.4.19	Non-Reporting ltr (Final):	
	CS3/CTI18013913/T1z4d3s2 ; DOA : 23.7.18	Notification ltr (if non-pickup):	
		Call OI:	
20/05/2020	Pls refer to Views for details.	After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 7,350.00 (5 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/05/2020 Confirm with Susan Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 7,864.50	
Loss of Rental (LOR): w/GST	S$ 749.00 (7 days) X $100.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 8,613.50 **Global Sum S$:** 8,600.00	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 8,600.00	Name 1:	Speed Auto Works
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	