15/5/2010

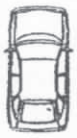
INS. CASE OWNER: OH Vale 6568804897 | CC4/ASM20002280/Epa3 | LKK: IDAC: 159839

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)

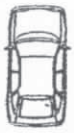
Excess Sec II :S$ D.O.A : 30/01/2020 17:05 Place of Accident : JALAN LEMPENG

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

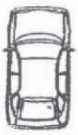
If **NO**, Driver Name / Age : RAJAGOPAL RAJKUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLG 8336A → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 8336A - CC6/AIG17019917/Uyb3s2; DOA: 14.10.17
	- NA/MSG17019791/h4; DOA : 14.10.17
	WC 7004E - CC4/ASM19006757/T1wb3q2 ; DOA : 11.4.19
	CS3/CTI18013913/T1z4d3s2 ; DOA : 23.7.18

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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:	S$	(days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Steve | REF: ASM1 (AxA)

ASSIGNMENT

From: | Date: 10.2.2020

Estimated Cost:

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

To Inspect Vehicle No: SLG 8336A

at Workshop m/s SK Automobile

of 8 Kaki Bukit Ave 4 #08-46 Premier

Insured:

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 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 Mp1?

Vehicle: **IN / OUT**

Date: | Person Contacted:

Veh No: SLG 8336A | Yr Regn: 15/10/16

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

Make: NISSAN QASHQAI | c.c 1197

Colour Gy | A/C: **Insured / Std / NI / NA**

Sp.Reading 103604 | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: SJNFEAJ11U1716673

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: 215/60R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	30/1/20	D.O.I.	10/2/20

Survey held at SK Auto

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
	MV-64K
	8528.04
	L - 1880

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Wee1end ($)

Report Format :

Lump Sum / I.B.I: ($

Survey Fee:	
Transportation:	
__$ + PS. __SI	
Photos	
Others	
TOTAL	