

CC 4, QBE 180 20227, U ha39

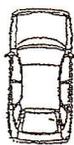
Surveyor: MARRINS

ASSIGNMENT
DOI: 8.11.18

Date / Time: 7.11.18

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : GY 3307 G
Name of Insured : QUADPORT DESIGN & CONSTRUCTION
Insured Tel No. : HP:
Excess Sec II :SS : D.O.A: 7.11.18
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : VC012025
Policy No. :
Make / Model :
Place of Accident :

If NO, Driver Name / Age :

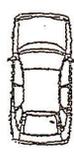
Driver Tel No. :

(V/L: YES/NO)

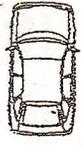
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

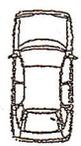
SLT 1206 U



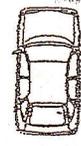
INSRS: Fastech.
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
<u>16/11</u>	<u>SLT 1206 U</u>	
<u>16/11</u>	<u>GY 3307 G</u>	
	<u>3 NATURE 180 2019/24 : D.A: 7/11/18</u>	
	<u>- FINANCED</u>	
	<u>- ORIGINAL TP LOD IN</u>	
<u>20/11/18</u>	<u>- MFG REVIEWED. OLD ROAD-OWNED TP.</u>	
	<u>QBE AGREED SHD. SEND LETTER TO OI.</u>	
	<u>- SEND PA TO QBE</u>	
	<u>- TYPE REPORT FOR WARRANTS APPROVAL</u>	
	<u>- REPORT DONE</u>	
<u>21/12/18</u>	<u>- QBE WARRANTS APPROVAL TO QBE</u>	
<u>26/12/18</u>	<u>- QBE APPROVED WARRANTS.</u>	
	<u>- SEND ACCEPTANCE FORM TO TP.</u>	
<u>16/01/19</u>	<u>- RECEIVED BY. ALL GOOD IN ORDER.</u>	
	<u>- TO CLOSE.</u>	

PRELIMINARY ADVICE	Date/Time: <u>20/11/18</u>	Sent By: <u>VIC</u>	STAGE	DATE / PIC
FINALIZATION	Date/Time:	Confirm with:	Non-Reporting ltr (1st):	
Repair Cost: <u>FP</u>	S\$ <u>2,188.94</u> (<u>3</u> days) Reduction: <u>61</u> %		Non-Reporting ltr (2nd):	
FINAL SETTLEMENT	Date/Time: <u>07/01/19</u>	Confirm with: <u>XOON</u>	Non-Reporting ltr (Final):	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			Notification ltr (if non-pickup):	
Repair Cost: <u>(w/gst)</u> S\$ <u>3,083.68</u>			Call OI:	
Loss of Rental (LOR): S\$ <u>300.00</u> (<u>3</u> days) x \$100.00			After call ltr to OI: <u>20/11/18 - OK</u>	
Loss of Use (LOU): S\$ <u>-</u> (\$ x days)			Documentation Check List: Handler Typist	
Loss of Income (LOI): S\$ <u>-</u> (\$ x days)			Notification ltr (if non-pickup)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			After call ltr to OI:	
GIA/LTA Search S\$ <u>2.00</u>			Authorisation To Act:	
Medical: S\$ <u>-</u>			Release Voucher:	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)			Final Repair Bill:	
Legal Cost S\$ <u>-</u>			Car Rental Invoice:	
Total: S\$ <u>3,385.68</u> Global Sum S\$: <u>-</u>			Towing Invoice:	
FINAL PAYMENT	Date/Time:	Confirm with:	LTA / GIA:	
Payee 1: S\$ <u>3,385.68</u> Name 1: <u>FASTECH AUTO PMS LTD</u>			Medical Bill:	
Payee 2: (Strike if N.A.) S\$ <u>-</u> Name 2: <u>-</u>			PIR:	
Payee 3: (Strike if N.A.) S\$ <u>-</u> Name 3: <u>-</u>			Mandate/Reject Instruction:	

Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>
Confirm by:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
If NO or B 28, Ass. Lia :	<u>COID ROAD-OWNED TP</u>	
1) Claim status: <u>Normal</u> /Reject/Private Settle		
2) Report Format:		
3) Survey fee: <u>\$ 400.00</u>		