

15/5/2010

INS. CASE OWNER:

CC VQBE1900

LKK:

IDAC:

Surveyor:

marus

DOI:

ASSIGNMENT

7/7/14

Date / Time:

27/1/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBA 664E

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

Place of Accident:

Is driver the owner?

( YES / NO )

Nature 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

545 neny



INSRS:

WSP:

Tel:

Liability:

RMKS:

fastech



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date/ Time                                                                                                                                                          | STAGE                                       | DATE / PIC                                                              |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|--------------------------|
| 545 neny                                                                                                                                                            | 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)            | <input type="checkbox"/>                                                | <input type="checkbox"/> |
|                                                                                                                                                                     | After call ltr to OI:                       | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                                                     | Authorisation To Act:                       | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                                                     | Release Voucher:                            | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                                                     | Final Repair Bill:                          | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> |
|                                                                                                                                                                     | Car Rental Invoice:                         | <input type="checkbox"/>                                                | <input type="checkbox"/> |
|                                                                                                                                                                     | Towing Invoice                              | <input type="checkbox"/>                                                | <input type="checkbox"/> |
|                                                                                                                                                                     | LTA GIA                                     | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> |
| Medical Bill:                                                                                                                                                       | <input type="checkbox"/>                    | <input type="checkbox"/>                                                |                          |
| PIR:                                                                                                                                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                |                          |
| Mandate/Reject Instruction:                                                                                                                                         | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                                |                          |
| LOD                                                                                                                                                                 | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                                |                          |
| 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"/>                                                |                          |
| PRELIMINARY ADVICE Date/Time: Sent By:                                                                                                                              |                                             |                                                                         |                          |
| FINALIZATION Date/Time: Confirm with: Confirm by:                                                                                                                   |                                             |                                                                         |                          |
| Repair Cost:                                                                                                                                                        | \$S ( days) Reduction: %                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| FINAL SETTLEMENT                                                                                                                                                    | Date/Time: 13/04/2020 Confirm with: SHIYING | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                    | % 100 (Agree / Assessed) BOLA S/N No. : 27  | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost:                                                                                                                                                        | \$S 8,560.00                                | OI REAR-ENDED TP                                                        |                          |
| Loss of Rental (LOR):                                                                                                                                               | \$S ( days)                                 |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                  | \$S 660.00 (\$ 60 x 11 days)                |                                                                         |                          |
| Loss of Income (LOI):                                                                                                                                               | \$S (\$ x days)                             |                                                                         |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                             |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                      | \$S 2.00                                    |                                                                         |                          |
| Medical:                                                                                                                                                            | \$S                                         | 1) Claim status: Norm / Reject/Private Settle                           |                          |
| Disbursement:                                                                                                                                                       | \$S (e.g. Tow/ Independent )                | 2) Report Format: TP                                                    |                          |
| Legal Cost                                                                                                                                                          | \$S                                         | 3) Survey fee: 400.00                                                   |                          |
| Total:                                                                                                                                                              | \$S 9,222.00 Global Sum \$S: 9,220.00       |                                                                         |                          |
| FINAL PAYMENT                                                                                                                                                       | Date/Time: Confirm with:                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| Payee 1:                                                                                                                                                            | \$S 9,220.00 Name 1: FASTECH AUTO PTE LTD   |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                           | \$S --- Name 2: ---                         |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                           | \$S --- Name 3: ---                         |                                                                         |                          |

SETTLED. ALL DOCUMENTS IN ORDER.