

INS. CASE OWNER:

CC6/CTI19020843/Gda3

LKK:

IDAC:

ASSIGNMENTSurveyor: XGQDOI: 22.11.2019Date / Time: 22.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

| | | |
|--|--|--|
|  | Insured Vehicle No. : <u>GBD 4659D</u> | Claim No. : _____ |
| | Name of Insured : _____ | Policy No. : _____ |
| | Insured Tel No. : _____ HP: _____ | Make / Model : _____ |
| | Excess Sec II :\$S\$ _____ D.O.A : <u>21.11.2019 16:40</u> | Place of Accident : <u>TAMPINES AVE 7 TOWARDS TAMPINES ST 93</u> |
| | Is driver the owner? (YES / NO) _____ | Nature of Accident : _____ |
| | If NO, Driver Name / Age : _____ | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO |
| | Driver Tel No. : _____ (V/L: YES / NO) | Insured Liability : _____ % Final ? Yes / No |

SKU 7627E

| | | | | | | | |
|--|--|---|---|---|---|---|---|
|  | INSRS: WSP: FASTECH Tel : Liability : RMKS: |  | INSRS: WSP: Tel : Liability : RMKS: |  | INSRS: WSP: Tel : Liability : RMKS: |  | INSRS: WSP: Tel : Liability : RMKS: |
|--|--|---|---|---|---|---|---|

| Date/ Time | GBD 4659D- X | SKU 7627E - X | 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) | <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 checked="" 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: | Confirm by: |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: | \$S\$ 6,000.00 (6 days) Reduction: 70 % | | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: 06/05/2020 | Confirm with Lina | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | | If NO or B 28, Ass. Lia : |
| Repair Cost: (w/GST) | \$S\$ 6,420.00 | | |
| Loss of Rental (LOR): | \$S\$ 400.00 (4 days) x \$100 | | |
| Loss of Use (LOU): | \$S\$ - (\$ x days) | | |
| Loss of Income (LOI): | \$S\$ - (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search | \$S\$ 2.00 | | |
| Medical: | \$S\$ - | | 1) Claim status: Normal Report/Driver's Centre |
| Disbursement: | \$S\$ - (e.g. Tow/ Independent) | | 2) Report Format: TP |
| Legal Cost | \$S\$ - | | 3) Survey fee: \$400 |
| Total: | \$S\$ 6,822.00 | Global Sum \$S\$: | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | \$S\$ 6,822.00 | Name 1: Fastech Auto Pte Ltd | |
| Payee 2: (Strike if N.A.) | \$S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) | \$S\$ | Name 3: | |