15/5/2010

LKK:

INS. CASE OWNER: CC6/AIG19022436/Aha3 **IDAC:**

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJT 9215P** Claim No. : **3611059398SG**

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **18/12/2019** Place of Accident : _____

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

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

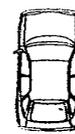Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

SDV 7632S ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:		INSRS:		INSRS:
WSP:	WSP:		WSP:		WSP:
Tel :	Tel :		Tel :		Tel :
Liability :	Liability :		Liability :		Liability :
RMKS:	RMKS:		RMKS:		RMKS:

Date/ Time		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:	X	
		Authorisation To Act:	X	
		Release Voucher:	X	
		Final Repair Bill:	X	
		Car Rental Invoice:		
		Towing Invoice		
		LTA / GIA :	X	
		Medical Bill:		
		PIR:		
	SETTLED AND CLOSED	Mandate/Reject Instruction:	X	
		LOD	X	
		Payment Breakdown Form:		

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:		
		Others:		

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/S** S$ **6,000.00** (**7** days) Reduction: **77** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **11/05/2020** Confirm with **SHI YING** Email **X** Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia :	**100%**
Repair Cost: **(W/GST)**	S$ **6,420.00**		
Loss of Rental (LOR):	S$ **-** (days)	**3 veh.c.c.; OI last car**	
Loss of Use (LOU):	S$ **420.00** ($ **60** x **7** days)		
Loss of Income (LOI):	S$ **-** ($ x days)		
LOR only ☐ LOU only **X** LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ **7.45**		
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:	**$320.00**
Total:	S$ **6,847.45** Global Sum S$: **6,800.00**		

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

Payee 1:	S$ **6,800.00**	Name 1:	**FASTECH AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$ **-**	Name 2:	**-**
Payee 3: (Strike if N.A.)	S$ **-**	Name 3:	**-**