

ASSIGNMENT

Surveyor:

MARCUS

DOI:

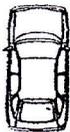
31/12/2019

Date / Time:

31/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **GR 9028J**
 Name of Insured : **Koh Hock Ann**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ \$ _____ D.O.A : **31/12/2019**
 Is driver the owner? (**YES**) NO) Nature of Accident : _____

Claim No. : **GNM20D200009/GIR40785/C65**
 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**

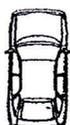
SMA 7720A



INSRS:
WSP: **FASTECH**
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	SMA 7720A - X	GR 9028J - 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:	05/02/2020 - VIC
			Documentation Check List: Handler	Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA:	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: **05/02/2020** Sent By: **VIC**

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L16** S\$ **4,250.00** (**4** days) Reduction: **7A** % Email Call

FINAL SETTLEMENT Date/Time: **12/02/2020** Confirm with: **SKOON** Email Call
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : _____

Repair Cost: (w/gst) S\$ **4,547.00** **(OI BURST RED LIGHT)**
 Loss of Rental (LOR): S\$ **200.00** (**2** days) x \$100.00 **TP VIDEO IN**

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\$ **2.00**
 Medical: S\$ **-**
 Disbursement: S\$ **-** (e.g. Tow/ Independent)
 Legal Cost S\$ **-**

1) Claim status: **Normal**/Reject/Private Settle
 2) Report Format: _____
 3) Survey fee: **\$100.00**

Total: S\$ **4,749.50** Global Sum S\$: **-**
 FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **4,749.50** Name 1: **FASTECH AUTO PTE LTD**
 Payee 2: (Strike if N.A.) S\$ **-** Name 2: _____
 Payee 3: (Strike if N.A.) S\$ **-** Name 3: _____