

INS. CASE OWNER:

CC6/LPC20001662/Uha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 28/01/2020

Date / Time: 28/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKB 9527Y

Claim No. : 19/20/20/4051022966

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S D.O.A : 25/01/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

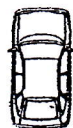
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SKG 9061Y

INSRS:
WSP: FASTECH

Tel : _____

Liability : _____

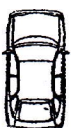
RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SKG 9061Y - CS/FCI18011956/Utbn2; DOA: 29.06.18	Non-Reporting ltr (1st):	
	SKB 9527Y - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
06/02/2020	FILE REVIEWED. OLD REAR-ENDED TP.	Call OI:	
	FINALIZED	After call ltr to OI:	
	ORIGINAL TP LOD IN	Documentation Check List: Handler Typist	
17/02/2020	TYPE REPORT FOR MANDATE APPROVAL	Notification ltr (if non-pickup)	☐
	REPORT DONE	After call ltr to OI:	☐
24/02/2020	SEND MANDATE APPROVAL TO LPC	Authorisation To Act:	☒
04/03/2020	LPC APPROVED MANDATE.	Release Voucher:	☒
	SEND 1st OFFER TO TP.	Final Repair Bill:	☒
	TP ACCEPTED OFFER	Car Rental Invoice:	☒
	DV IN. ALL DOC IN ORDER.	Towing Invoice	☐
	TO CLOSE.	LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: 17/02/2020	Post-Repair Photos:	☐
	Sent By: JK	Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L6	\$S 8,000.00 (7 days) Reduction: 59 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/03/20	Confirm with: JASON	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia : (OLD REAR-ENDED TP)
Repair Cost: (w/agt)	\$S 8,560.00		
Loss of Rental (LOR):	\$S 1,000.00 (10 days) X \$100		
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 —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$S —		3) Survey fee: \$400.00
Total:	\$S 9,562.00	Global Sum \$S: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 9,562.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	\$S —	Name 2: —	
Payee 3: (Strike if N.A.)	\$S —	Name 3: —	