

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 10/02/2020

Date / Time : 10/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8249E

Name of Insured : _____

Insured Tel No. : _____

HP: _____

Excess Sec II :S\$

D.O.A : 08/02/2020

Is driver the owner?

(YES / NO)

Nature of Accident : _____

Claim No. : _____

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

SJS 1530L

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
SH 8249E - CS/FCI18019124/R1rd3s2 05/10/18	Non-Reporting ltr (1st):	
NBA/INC18018223/Y; DOA: 05/10/18	Non-Reporting ltr (2nd):	
SJS 1530L - X	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:	☐ ☐
	Authorisation To Act:	☐ ☐
	Release Voucher:	☐ ☐
	Final Repair Bill:	☐ ☐
	Car Rental Invoice:	☐ ☐
	Towing Invoice	☐ ☐
	LTA / GIA :	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☐ ☐
	LOD	☐ ☐
	Payment Breakdown Form:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by: CKS
Repair Cost: L/S S\$ 6,150.00 (5 days) Reduction: 59 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 30.09.20 Confirm with SHIYING	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 6,580.50	OID REAR ENDED TP	
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 ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ -	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ -	2) Report Format: TP	
Disbursement: S\$ - (e.g. Tow/ Independent)	3) Survey fee: \$600	
Legal Cost S\$ -		
Total: S\$ 6,980.50 Global Sum S\$:	Email ☐ Call ☐	
FINAL PAYMENT Date/Time: 30.09.20 Confirm with: SHIYING		
Payee 1: S\$ 6,980.50 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		