

INS. CASE OWNER:

**ASSIGNMENT**

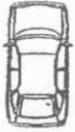
Surveyor: MARCUS

DOI: 17/02/2020

Date / Time : 17/02/2020

Registered in Merimen:     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBH 2412R  
 Name of Insured : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/02/2020  
 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

SJV 1763R



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
	SJV 1763R - CC6/AIG10012679/Ka2q2; DOA:24.6.10	
	GBH 2412R - X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input 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 type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

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

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: L/S S\$ 15,000.00 ( 15 days) Reduction: 13,464.30 % 47 Email  Call

**FINAL SETTLEMENT** Date/Time: 05/08/2020 Confirm with SHI YING Email  Call   
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: (W/GST) S\$ 16,050.00

Loss of Rental (LOR): S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)

Loss of Use (LOU): S\$ 1440.00 (\$ 80 x 18 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\$ 120.00 (e.g.  Tow / Independent )

Legal Cost S\$ \_\_\_\_\_

**Total:** S\$ 17,612.00 **Global Sum S\$:** 17,600.00

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 17,600.00 Name 1: **FASTECH AUTO PTE LTD**

Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_

- 1) Claim status:  Normal/Reject/Private Settle
- 2) Report Format:  TP
- 3) Survey fee: \$400.00

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SVU 1763R

at Workshop m/s R.P.

of \_\_\_\_\_

Insured: GBM 2412R

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SVU1763R Yr Regn: 1110

Type: CA / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Toyota wish c.c. 1987

Colour: ROWN A/C: Insured / Std / NI / NA

Sp. Reading: 204610 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDHJ20W205001925

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modi: Good / Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65-15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/2/20 D.O.I. 17/2/20

Survey held at \_\_\_\_\_

Des. of Damages: Rear & Rear wheel area / Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 50k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time Action / Instruction Sys. 2020

W/A 32587 cde 30-4-2020 net 17413

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I.: (\$) \_\_\_\_\_ )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )

: Interview (\$ \_\_\_\_\_ )

: Tech. Invs (\$ \_\_\_\_\_ )

: Weekend (\$ \_\_\_\_\_ )

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ \$ + RS, \_\_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_