

ASSIGNMENT

Surveyor: MARCUS DOI: 21/02/2020 Date / Time : 21/02/2020
Registered in Merimen: 21/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 5497D Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 19/02/2020 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

HJA 3132



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
	HJA 3132 - NA/INC19022412/z4; DOA: 19.12.19	Non-Reporting ltr (1st):	
	SLW 5497D - X	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)	<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 type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" 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"/>
09/06/2021	SETTLED AND CLOSED / FILE IN DRAWER		

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm by:	
Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	L/S S\$ 3,250.00 (4 days) Reduction: 78.43 %	Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: 09/06/2021 Confirm with: ASHLEY		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :			
Repair Cost (w/GST):	3,477.50 S\$ 1,738.75				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	500.00 S\$ 250.00 (\$ 100 x 5 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ 2.00				
Medical:	S\$				
Disbursement:	S\$ 120.00 (e.g. Tow/ Independent)				
Legal Cost	S\$				
Total:	S\$ 2,110.75 Global Sum S\$: 2,100.00				
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,100.00 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 \$320.00
3) Survey fee: