

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **25/02/2020**Date / Time: **25/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBH 6495A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : **23/02/2020**

Place of Accident : _____

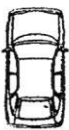
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SGH 9488S**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGH 9488S - X	GBH 6495A - X	STAGE	DATE / PIC
24/2/2020	FILE PAS TO TYPE MANDATE		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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:

Repair Cost: \$S **2400.00** (**3** days) Reduction: **72** %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: **16/10/2020** Confirm with **ana**Email ☒ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**

If NO or B 28, Ass. Lia :

Repair Cost: (w/65%) \$S **2568.00**Loss of Rental (LOR): \$S **300.00** (**2** days) x \$150

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: **TP**3) Survey fee: **\$400****Total:** \$S **2870.00** **Global Sum \$S:****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: \$S **2870.00**Name 1: **Fastech Auto Pte Ltd**

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

Name 2:

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

Name 3: