

INS. CASE OWNER:

CC6 / FC1 20003965 / Uha3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

13/3/2020

Date / Time :

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4749Y

Claim No. : D20001486MFSH

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 12/3/2020

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

SMA 610E

INSRS:
WSP: Fastech
Tel: kuto
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMA 610E - X	Non-Reporting ltr (1st):	
	SHA 4749Y - CC3/A1607000944/VES : 11/09/2007	Non-Reporting ltr (2nd):	
	-NA/INCL18013157/KA : 27/07/2018	Non-Reporting ltr (Final):	
	-NS/10211023702/H 2 qd : 17/14/2011	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 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 type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
29/10/2020	SETTLED AND CLOSED / FILE IN DRAWER	PIR:	<input checked="" 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"/>

PRELIMINARY ADVICE Date/Time:		Sent By:		Confirm with:		Confirm by:	
Repair Cost:	L/S	S\$ 3,000.00	(3 days)	Reduction:	72.17 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 16/10/2020		Confirm with LINA		Email <input checked="" type="checkbox"/>		Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :			
Repair Cost: (W/GST)	S\$ 3,210.00	OID CHANGED LANE					
Loss of Rental (LOR):	S\$ (days)						
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 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\$						
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle					
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP					
Legal Cost	S\$	3) Survey fee: \$500.00					
Total:	S\$ 3,390.00	Global Sum S\$:					
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/>		Call <input type="checkbox"/>	
Payee 1:	S\$ 3,390.00	Name 1:	FASTECH AUTO PTE LTD				
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

days

Res.:

Lum Sum:

%

3 Val.:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: *Good* / Fair / Poor / Burnt

Steering: *In order* / Jammed / Leaked / Burnt or

Brake: *In order* / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Syrs. 2nd Rep Rpt have video

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$