LKK:

IDAC:

INS. CASE OWNER:

CC6/CTI20004136/Uea3

ASSIGNMENT

Surveyor: **MARCUS** DOI: __16/03/2020__ Date / Time: __16/03/2020__

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **XD 5421E** Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 16/03/2020 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**

SKR 6283K →→→→

INSRS:	INSRS:	INSRS:	INSRS:
WSP:FASTECH AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SKR 6283K - NA/TMI20004073/h4 16/03/2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	XD 5421E - CS3/AXA13020061/M1qm3u2-1 23/10/2013	Non-Reporting ltr (Final):	
	CS3/AXA13020061/Sqm3u2 23/10/2013	Notification ltr (if non-pickup):	
	CS3/CTI20003350/Qvf3e2 26/02/2020	Call OI:	
		After call ltr to OI:	

Documentation Check List: Handler Typist

	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: _____ Post-Repair Photos: / Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **CKS** Email ☐ Call ☐

Repair Cost: **L/S** S$ 5,200.00 (**5** days) Reduction: **66** %

FINAL SETTLEMENT Date/Time: **27.07.20** Confirm with **JASON** Email ☐ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. :**NIL** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S$ 5,564.00 **OID REAR ENDED TP WHILE CHANGING LANE**

Loss of Rental (LOR): S$ **450.00** (**3** 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$ - 1) Claim status: Normal/~~Reject/Private Settle~~

Disbursement: S$ - (e.g. Tow/ Independent) 2) Report Format: **TP**

Legal Cost S$ - 3) Survey fee: **$400**

Total: S$ 6,016.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: **03.09.20** Confirm with: **JASON** Email ☐ Call ☐

		Name	
Payee 1:	S$ 6,016.00	Name 1:	**FASTECH AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	