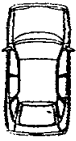


ASSIGNMENT

Surveyor: MARCUS DOI: 08/06/2020 Date / Time : _____
 Registered in Merimen: _____

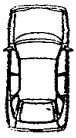
Pre-assign / CCU / FTE



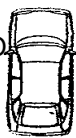
Insured Vehicle No. : SKC 6465G Claim No. : S0M020X3
 Name of Insured : TAN CHIN CHUAN JEFF Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : FORD KUGA TITANIUM 2.5 (A) TURBO
Excess Sec II :S\$ _____ D.O.A : 06/06/2020 Place of Accident : UPPER CHANGI ROAD
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : RYAN TAN RUI YUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : 83685840 (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

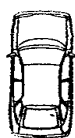
SKC 9399U → → → →



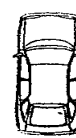
INSRS:
WSP: FASTECH AUTO
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SKC 9399U - CS/AXA14021786/Rvj3d1 ; 19/11/2014	Non-Reporting ltr (1st):	
	SKC 6465G - CC6/AIG15020095/Kua3s2 ; 17/11/2015	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
13/07/2020	Pls refer to VIEWS for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum S\$ 6,000.00 (5 days) Reduction: 59 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 13/07/2020 Confirm with Jason		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 6,420.00			
Loss of Rental (LOR): S\$ 560.00 (4 days) x \$140.00			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: \$350.00	
Total: S\$ 6,982.00 Global Sum S\$: 6,800.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 6,800.00 Name 1: FASTECH AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			