

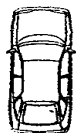
ASSIGNMENTSurveyor: **MARCUS**DOI: **16/06/2020**Date / Time : **16/06/2020**Registered in Merimen: **16/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBE 6824A**

Claim No. : _____

Name of Insured : **ATTO PTE. LIMITED**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **KIA K2500 6M/T****Excess Sec II :S\$** _____ D.O.A : **15/06/2020**Place of Accident : **RIVERVALE DRIVE**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **MURUGESAN VIGNESH**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **91178083** (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SJM 8569L**INSRS:
WSP: **FASTECH AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJM 8569L - CS/EGI19017673/Uvf3e2 ; 06/10/2019	STAGE DATE / PIC
		Non-Reporting ltr (1st):
	GBE 6824A - X	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
03/09/2020	Pls refer to VIEWS for details.	Call OI:
		After call ltr to OI:
		Documentation Check List: 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: ☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/sum S\$ 4,500.00 (4 days) Reduction: 65 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 03/09/2020 Confirm with Lina Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 4,815.00		
Loss of Rental (LOR): S\$ 200.00 (2 days) x \$100.00		
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 Settlement
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$500.00
Total: S\$ 5,017.00 Global Sum S\$: 5,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 5,000.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		