

INS. CASE OWNER:

CC 6 / CTI 2000 6545 / Uds3

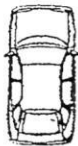
LKK:

IDAC:

ASSIGNMENT

Surveyor: **Marcus**DOI: **22/06/2020**Date / Time : **22/06/2020**Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBF 881T**
 Name of Insured : **DIRECT FUNERAL SERVICES PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$\$ _____ D.O.A : **20/06/2020**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

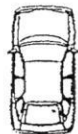
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

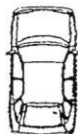
Driver Tel No. :

(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % Final ? Yes / No

SKZ 917M

INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKZ 917M : GBF 881T :	STAGE	DATE / PIC
	NBA/AIG20006492/Y ; DOA : 20/06/2020	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 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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: **L/SUM** S\$ **4,700.00** (**8** days) Reduction: **68** %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: **21.8.2020** Confirm with **SHIYING**Email ☒ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**

If NO or B 28, Ass. Lia :

Repair Cost: **W/GST** S\$ **5,029.00**

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ **450.00** (\$ **50** x **9** days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search S\$ **7.45**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/ ~~Reject/Private Sumi~~2) Report Format: **TP**3) Survey fee: **400.00**Total: S\$ **5,486.45** Global Sum S\$ **5,500.00 (CTI MANDATE)**

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ **5,500.00**Name 1: **Fastech Auto Pte Ltd**

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

Name 2:

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

Name 3: