

ASSIGNMENT

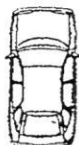
Surveyor: **Marcus**

DOI: 29/06/2020

Date / Time : 29/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 6967R

Claim No. : _____

Name of Insured : NEW PAL ELECTRICAL SERVICE

Policy No. : _____

Insured Tel No. : HP:

Make / Model : _____

Excess Sec II :SS D.O.A: 27/06/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident :

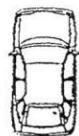
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No

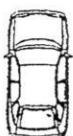
SGM 6546B



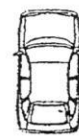
INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGM 6546B : CC3/MSG19021489/Uqf3n2 ; DOA : 04/12/2019 GBF 6967R : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
31/08/2020	Pls refer to VIEWS for details.		Call Ol:	
			After call ltr to Ol:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to Ol:	<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\$ 2,800.00 (4 days) Reduction: 70 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 31/08/2020 Confirm with Lina		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\$ 2,996.00			
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 <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: \$400.00	
Total:	S\$ 3,198.00	Global Sum S\$ 3,190.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,190.00	Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		