

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **07/07/2020**Registered in Merimen: **07/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMH 4026D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **07/07/2020**

Place of Accident : _____

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

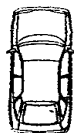
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SDT 19U**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
	SDT 19U - CA/AIG08029220/r ; 31/10/2008	Non-Reporting ltr (1st):	
	CC3/AXA14005459/T1v1a3xx ; 15/03/2014	Non-Reporting ltr (2nd):	
	CS/TP08031963/Gz1 ; 31/10/2008	Non-Reporting ltr (Final):	
	NA/INC18019775/z4 ; 30/10/2018	Notification ltr (if non-pickup):	
	NA/INC19009290/h4 ; 26/05/2019	Call OI:	
	NA/INC19012954/h4 ; 22/07/2019	After call ltr to OI:	
	SMH 4026D - X	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/S	S\$ 6200.00 (3 days) Reduction: 8405.32 % 58	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01/02/2021 Confirm with JENNY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,634.00 W/GST		
Loss of Rental (LOR):	S\$ (days)	OI REVERSE AND HIT ONTO TPV	
Loss of Use (LOU):	S\$ 240.00 (\$ 80.00x 3 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: \$320.00	
Total:	S\$ 6,876.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 6876.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		