

INS. CASE OWNER:

CC 6 / QBE 2000 7254 / Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 14/07/2020Date / Time : 14/07/2020Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 8796A
 Name of Insured : ISLAND LANDSCAPE & NURSERY PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 13/07/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

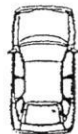
If NO, Driver Name / Age :

Driver Tel No. :

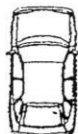
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

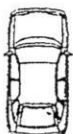
SLN 3173Z



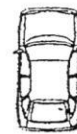
INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLN 3173Z : X ; GBB 8796A : X

STAGE

DATE / PIC

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: **CKS**Repair Cost: **L/S** \$S **4,000.00** (**4** days) Reduction: **71** %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: **22.09.20**Confirm with **JASON**Email ☐ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :Repair Cost: **w/GST** \$S **4,280.00****OID REAR ENDED TP**Loss of Rental (LOR): \$S **-** (**-** days)Loss of Use (LOU): \$S **320.00** (\$ **80** x **4** 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 **-**Disbursement: \$S **-** (e.g. Tow/ Independent)Legal Cost \$S **-**Total: \$S **4,602.00**

Global Sum \$S:

FINAL PAYMENT

Date/Time: **22.09.20**Confirm with: **JASON**Email ☐ Call ☐Payee 1: \$S **4,602.00** Name 1: **FASTECH AUTO PTE LTD**

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

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

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$400**