

INS. CASE OWNER:

CC6 / AIG 2000 9502 / Ues3

LKK:
IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 07/09/2020Date / Time : 07/09/2020Registered in Merimen: 07/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJJ 4905S

Claim No. : _____

Name of Insured : HU GUO QIANG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 05/09/2020

Place of Accident : _____

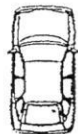
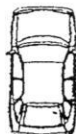
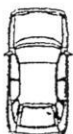
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SDB 2523L

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

Date/ Time	SDB 2523L : NA/INC08020620/s1 ; DOA : 09/07/2008 SJJ 4905S : 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\$ 20,500.00	(13 days) Reduction: 54 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 28.12.20	Confirm with SHIYING	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	w/GST S\$ 21,935.00	3VEH CC OI D LAST		
Loss of Rental (LOR):	S\$ -	(_____ days)		
Loss of Use (LOU):	S\$ 840.00	(\$ 60 x 14 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	
Total:	S\$ 22,777.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 28.12.20	Confirm with: SHIYING	Email ☐	Call ☐
Payee 1:	S\$ 22,777.00	Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		