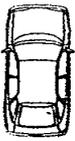|		LKK:
INS. CASE OWNER:	~~CC6/CTI20010363/ka3~~	IDAC:

ASSIGNMENT CC6/CTI20010363/Upa3q2

Surveyor: **Marcus**   DOI: **28/09/2020**   Date / Time : **28/9/2020**

Registered in Merimen: **---**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGQ 9740R**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **26/9/2020**   Place of Accident :

Is driver the owner? (YES / NO)   Nature of Accident :
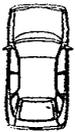
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

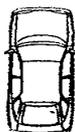Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

GBE 1235H ⟶ _____ ⟶ _____   _____ ⟶ _____

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

Date/ Time		STAGE	DATE / PIC
	GBE 1235H - X	Non-Reporting ltr (1st):	
	SGQ 9740R - CC3/CTI17024527/K1ub3q2 - 22/12/2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
21/01/2021	**Pls refer to VIEWS for details.**	**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/sum** S$**4,550.00** (**5** days) Reduction: **49** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **21/01/2021** Confirm with **Shi Yiing**   Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **4,868.50**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ **480.00** ($ **80** x **6** 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: **$400.00**
Total:	S$ **5,350.50** **Global Sum S$:** **5,350.00**	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ **5,350.00**	Name 1: **FASTECH AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: