

INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 05/10/2020 Date / Time : 05/10/2020
 Registered in Merimen: 05/10/2020

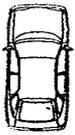
Pre-assign / CCU / FTE



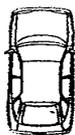
Insured Vehicle No. : SMH 8484M Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 30/09/2020 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

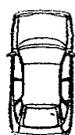
FBB 6112L →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
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Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBB 6112L SMH 8484M	NA/EQI20010623/h4 ; 30/09/2020	
		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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<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: CKS
Repair Cost: L/S	S\$ 10,000.00	(5 days) Reduction: 60 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 11.03.21	Confirm with JASON	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 10,700.00	OID CHANGED LANE	HIT TP
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU):	S\$ 210.00	(\$ 30 x 7 days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only <input type="checkbox"/>	LOU only <input checked="" 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 Settlement
Disbursement:	S\$ 70.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$400
Total:	S\$ 10,982.00	Global Sum S\$: 10,980.00	
FINAL PAYMENT	Date/Time: 11.03.21	Confirm with: JASON	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 10,980.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	