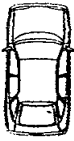


ASSIGNMENT

Surveyor: MARCUS DOI: 06.10.2020 Date / Time : 06.10.2020
Registered in Merimen: _____

Pre-assign / CCU / FTE

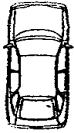


Insured Vehicle No. : <u>SMA 5868X</u> Name of Insured : _____ Insured Tel No. : _____ HP: _____ Excess Sec II :S\$	Claim No. : _____ Policy No. : _____ Make / Model : _____ Place of Accident : _____
D.O.A : 28/09/2020	

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

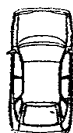
AV 7297L



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	AV 7297L - X SMA 5868X - CC3/MSG20010433/Uvf3 ; 28/09/2020 NA/QBE20010441/h4 ; 28/09/2020		STAGE 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: ☐ ☐	
PRELIMINARY ADVICE Date/Time:			Sent By: ☐ ☐	
			Post-Repair Photos: ☐ ☐	
			Others: ☐ ☐	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 4,500.00 (3 days)	Reduction: 66 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 05/01/2021	Confirm with LINA	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,815.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 90.00 (\$ 30 x 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 Settlement	
Disbursement:	S\$ 50.00 (e.g. Tow/Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 400.00	
Total:	S\$ 4,957.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 4,957.00	Name 1:	Fastech Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		