

ASSIGNMENTSurveyor: MarcusDOI: 27/10/2020Date / Time : 27/10/2020Registered in Merimen: 27/10/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : FBN 8844G

Claim No. : \_\_\_\_\_

Name of Insured : MUHAMMAD ZAHID BIN AB WAHID

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 26/10/2020

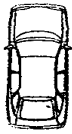
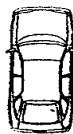
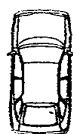
Place of Accident : \_\_\_\_\_

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**SLM 9170YINSRS:  
WSP: FASTECH  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLM 9170Y : X ; FBN 8844G : X	STAGE	DATE / PIC
29/10/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
03/03/2021	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost: <u>L/S</u>	S\$ <u>9,000.00</u> ( <u>5</u> days) Reduction: <u>63.95</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>02/03/2021</u> Confirm with: <u>SHI YING</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: (W/GST)	S\$ <u>9,630.00</u>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)	<u>3 veh c.c , OID = 2nd car 0%</u>	
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>60.00</u> x <u>5</u> 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 + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ _____	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
<b>Total:</b>	S\$ <u>9,932.00</u> Global Sum S\$: <u>9,800.00</u>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>9,800.00</u> Name 1: <u>FASTECH AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		