

ASSIGNMENTSurveyor: MARCUSDOI: 12/12/2020Date / Time : 12/12/2020Registered in Merimen: 14/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 1578H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 11/12/2020

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**SGT 3218GINSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SGT 3218G - X</u>	Non-Reporting ltr (1st):	
	<u>GBG 1578H - CS3/AIG20008743/Eqf3e2 ; 17/08/2020</u>	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 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
<u>05/04/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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"/>
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:	
Repair Cost: <u>L/S</u>	\$S\$ <u>6,000.00</u> (<u>5</u> days) Reduction: <u>71.31</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>01/04/2021</u> Confirm with <u>JENNY LAW</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (<u>W/GST</u>)	\$S\$ <u>6,420.00</u>		
Loss of Rental (LOR):	\$S\$ <u>560.00</u> (<u>4</u> days) x \$140.00		
Loss of Use (LOU):	\$S\$ (\$ x days)		
Loss of Income (LOI):	\$S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <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>	
Total:	\$S\$ <u>6,982.00</u> Global Sum S\$: <u>6,800.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S\$ <u>6,800.00</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:		