

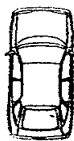
ASSIGNMENT

Surveyor:

MARCUSDOI: 21/12/2020Date / Time : 21/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 4320YClaim No. : S0M02Z72Name of Insured : AW BEE HONGPolicy No. : GA419852

Insured Tel No. : _____ HP: _____

Make / Model : LEXUS RX200TExcess Sec II : \$ _____ D.O.A : 19.12.2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

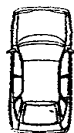
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBG 6984KINSRS:
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>GBG 6984K</u> <u>SLU 4320Y - NA/CTI20014170/h4 ; 19.12.2020</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	<u>TPV: TOYOTA HIACE (2982CC)</u>	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: <u>L/S</u>	S\$ <u>6500.00</u> (<u>5</u> days) Reduction: <u>13,615.40</u> % <u>68</u>	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>25/02/2021</u> Confirm with <u>JASON</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>6,955.00</u> <u>W/GST</u>		
Loss of Rental (LOR):	S\$ <u>450.00</u> (<u>5</u> days) x \$90.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$	1) Claim status: <u>Normal</u> / Reject / Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>7,407.00</u> Global Sum S\$: 7400.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>7400.00</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:		