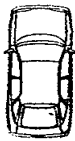


**ASSIGNMENT**Surveyor: **MARCUS**DOI: **25/01/2021**Date / Time : **25/01/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMM 4664K**

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **23/01/2021**

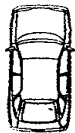
Place of Accident : \_\_\_\_\_

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****SJY 808L**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			
	<b>SJY 8088L - X</b>	<b>SMM 4664K - X</b>	<b>STAGE</b> <b>DATE / PIC</b> 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 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"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____	
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <b>L/SUM</b>	S\$ <b>8,600.00</b> ( <b>6</b> days) Reduction: <b>60</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>19/5/2021</b> Confirm with <b>JENNY</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>9</b>		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <b>9,202.00</b>		
Loss of Rental (LOR):	S\$ <b>480.00</b> ( <b>4</b> days) x \$120.00		
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\$ <b>2.00</b>		
Medical:	S\$		1) Claim status: Normal/ <del>Reject/Private Settle</del>
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost	S\$		3) Survey fee: <b>400.00</b>
<b>Total:</b>	S\$ <b>9,684.00</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>9,684.00</b>	Name 1: <b>Fastech Auto Pte Ltd</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	