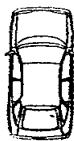


INS. CASE OWNER:

ASSIGNMENTSurveyor: MARCUSDOI: 03/03/2021Date / Time : 02/03/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SMT 9516KClaim No. : S1M0349LName of Insured : LOW YEW PINGPolicy No. : P2402461

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI AVANTE 1.6Excess Sec II : \$ _____ D.O.A : 01.03.2021 18:10Place of Accident : KJE

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

If NO, Driver Name / Age :

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

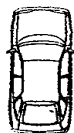
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

YN 1709M -> SHC 1392B →SMT 9516K →GBD 362K →SMG 8507LINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:OIINSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>GBD 362K</u>	<u>NA/CTI21002829/h4 ; 01.03.2021</u>	STAGE
	<u>SMT 9516K</u>		DATE / PIC
			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/S	S\$ \$8,000.00 (6 days) Reduction: \$21,031.40 % 72		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>14/09/2021</u>	Confirm with <u>SHI YING</u>	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 8,560.00 W/GST		
Loss of Rental (LOR):	S\$ (days)		C.C (OI 3RD)
Loss of Use (LOU):	S\$ 350.00 (\$ 50 x 7 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 Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 8,912.00	Global Sum S\$: \$8,900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ \$8,900.00	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:	