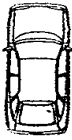


**ASSIGNMENT**Surveyor: MarcusDOI: 14/04/2021Date / Time : 14/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 6235R

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

Name of Insured : PANG POH BOON

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

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

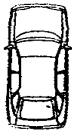
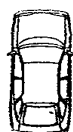
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 11/04/2021

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****GBC 4067S**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBC 4067S : X ; SMA 6235R : X		STAGE	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:	
			<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 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"/>
<b>21/07/2021</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>		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: <b>L/S</b>	S\$ <b>4,800.00</b> ( <b>4</b> days) Reduction: <b>70.02</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>15/07/2021</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>28</b>		If NO or B 28, Ass. Lia : <b>0%</b>	
Repair Cost: (W/GST)	S\$ <b>5,136.00</b>			
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU):	S\$ <b>240.00</b> (\$ <b>60</b> x <b>4</b> 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\$ <b>2.00</b>			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent )			
Legal Cost	S\$			
<b>Total:</b>	S\$ <b>5,378.00</b> <b>Global Sum S\$: 5,300.00</b>			
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>5,300.00</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:			

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$350.00**