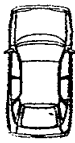


INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **24/05/2021**Date / Time : **24/05/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 2684C**Claim No. : **S1M03AKS**

Name of Insured : _____

Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **24/05/2021**

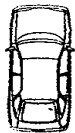
Place of Accident : _____

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****SJZ 3421T.**INSRS:
WSP: **Fastech**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SJZ 3421T - X	STAGE	DATE / PIC		
	SHC 2684C - CC6/III16023922/T1za3q2 ; 13/12/2016	Non-Reporting ltr (1st):			
	NA/INC17018085/z4 ; 19/09/2017	Non-Reporting ltr (2nd):			
	NS/INC16023880/H1qh3m2 ; 13/12/2016	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:		☐	
		Post-Repair Photos:	☐	☐	
		Others:	☐	☐	
13/09/2021	SETTLED AND CLOSED / NO PHY FILE				
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____			
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____		
Repair Cost: L/S	S\$ 4,700.00 (5 days) Reduction: 69.62 %	Email ☒ Call ☐			
FINAL SETTLEMENT	Date/Time: 08/09/2021 Confirm with JENNY	Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :			
Repair Cost: (W/GST)	S\$ 5,029.00				
Loss of Rental (LOR):	S\$ 400.00 (4 days) X \$100.00	OID U TURN			
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\$				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP			
Legal Cost	S\$	3) Survey fee: \$350.00			
Total:	S\$ 5,429.00 Global Sum S\$: 5,150.00				
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐		
Payee 1:	S\$ 5,150.00 Name 1: Fastech Auto Pte Ltd				
Payee 2: (Strike if N.A.)	S\$ Name 2:				
Payee 3: (Strike if N.A.)	S\$ Name 3:				