

**ASSIGNMENT**

Surveyor: MARCUS

DOI: 04/08/2021

Date / Time : 04/08/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBJ 6147U

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

Name of Insured : ASIAPAC ENVIROCARE PTE LTD

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 03/08/2021

Place of Accident : 107 CLEMENTI ST 12 CARPARK

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**

**SMP 1210R**



INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMP 1210R : X ; GBJ 6147U : X		<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: Handler 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"/>
<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: L/S	S\$ <b>2,600.00</b> ( 2 days)	Reduction: <b>\$3,570.10 % 58</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>28/01/2022</b>	Confirm with <b>JASON</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>22</b>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>2,782.00</b> W/GST			
Loss of Rental (LOR):	S\$ _____ ( _____ days)			
Loss of Use (LOU):	S\$ <b>100.00</b> (\$ <b>50</b> x <b>2</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\$ _____		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
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>	<b>S\$ 2,884.00</b>	<b>Global Sum S\$: \$2,850.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>\$2,850.00</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:		