

CC6/CTI21008773/Uea3q2

15/5/2010

INS. CASE OWNER:

LKK:

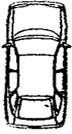
IDAC:

~~CC6/CTI21008773/Uea3~~

ASSIGNMENT

Surveyor: MARCUS DOI: 20/08/2021 Date / Time : 20/08/2021
 Registered in Merimen: —

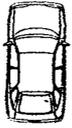
Pre-assign / CCU / FTE



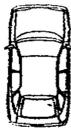
Insured Vehicle No. : SMC 6749P
 Name of Insured : Zhang Wenjuan
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 20/08/2021
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____
 Driver Tel No. : _____ (V/L: YES NO)

Claim No. : SNM21D204630/C03/SMC6749P/TANCHC
 Policy No. : DMPCSNW00008152100
 Make / Model : _____
 Place of Accident : _____
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : _____ % **Final ? Yes / No**

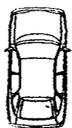
SLR 8556Z → → → → →



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



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SLR 8556Z : X	
	SMC 6749P : CC4/III20011238/Uga3q2 ; DOA : 12/10/2020	
	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)	<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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **CKS**

Repair Cost: **L/S** S\$ **21,000.00** (**10** days' Reduction: **59** % Email Call

FINAL SETTLEMENT Date/Time: **18.11.21** Confirm with **ASHLEY** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **100%**
 Repair Cost: **w/GST** S\$ **22,470.00** **3VEH CC OID LAST**
 Loss of Rental (LOR): S\$ - (_____ days)
 Loss of Use (LOU): S\$ **720.00** (\$ **60** x **12** days)
 Loss of Income (LOI): S\$ - (\$ _____ x _____ days)
 LOR only LOU only LOR + LOU LOR + LC [Tick only one]
 GIA/LTA Search S\$ **2.00**
 Medical: S\$ -
 Disbursement: S\$ **60.00** (e.g. Tow/ ~~Independent~~)
 Legal Cost S\$ -
 1) Claim status: Normal/Reject/Dispute/Settle
 2) Report Format: **TP**
 3) Survey fee: **\$400**

Total: S\$ **23,252.00** **Global Sum S\$:**

FINAL PAYMENT Date/Time: **18.11.21** Confirm with: **ASHLEY** Email Call

Payee 1: S\$ **23,252.00** Name 1: **FASTECH AUTO PTE LTD**
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____