

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **02.09.2021**Date / Time : **02.09.2021**Registered in Merimen: **04.09.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGS 7077A**

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II : \$ \_\_\_\_\_ D.O.A : **02.09.2021**

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

**SGS 7077A****SKS 6848B****SLJ 8663P****SMW 5801Y**

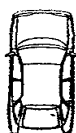
INSRS:

WSP:

Tel :

Liability :

RMKS:

**OI**

INSRS:

WSP: **FASTECH**

Tel :

Liability :

RMKS:

**TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                        |                                                                          | STAGE                                                     | DATE / PIC                                         |
|-----------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                   | <b>SKS 6848A - NA/CTI21009267/r3 ; 02.09.2021</b>                        |                                                           |                                                    |
|                                   | <b>SGS 7077A - X</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:</b>                          | <b>Handler</b>                                     |
|                                   |                                                                          |                                                           | <b>Typist</b>                                      |
|                                   |                                                                          | Notification ltr (if non-pickup)                          | <input type="checkbox"/>                           |
|                                   |                                                                          | After call ltr to OI:                                     | <input type="checkbox"/>                           |
|                                   |                                                                          | Authorisation To Act:                                     | <input type="checkbox"/>                           |
|                                   |                                                                          | Release Voucher:                                          | <input type="checkbox"/>                           |
|                                   |                                                                          | Final Repair Bill:                                        | <input type="checkbox"/>                           |
|                                   |                                                                          | Car Rental Invoice:                                       | <input type="checkbox"/>                           |
|                                   |                                                                          | Towing Invoice                                            | <input type="checkbox"/>                           |
|                                   |                                                                          | LTA / GIA :                                               | <input type="checkbox"/>                           |
|                                   |                                                                          | Medical Bill:                                             | <input type="checkbox"/>                           |
|                                   |                                                                          | PIR:                                                      | <input type="checkbox"/>                           |
|                                   |                                                                          | Mandate/Reject Instruction:                               | <input type="checkbox"/>                           |
|                                   |                                                                          | LOD                                                       | <input type="checkbox"/>                           |
|                                   |                                                                          | Payment Breakdown Form:                                   | <input type="checkbox"/>                           |
|                                   |                                                                          | Post-Repair Photos:                                       | <input type="checkbox"/>                           |
|                                   |                                                                          | Others:                                                   | <input type="checkbox"/>                           |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                                                               | Sent By:                                                  |                                                    |
| <b>FINALIZATION</b>               | Date/Time:                                                               | Confirm with:                                             | Confirm by: <b>LWP</b>                             |
| Repair Cost:                      | <b>L/S</b> S\$ <b>13,500.00</b> ( <b>18</b> days) Reduction: <b>77</b> % | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                      |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <b>10.01.22</b> Confirm with <b>ASHLEY</b>                    | Email <input 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>100%</b>                     |                                                    |
| Repair Cost:                      | <b>w/GST</b> S\$ <b>14,445.00</b> <b>4VEH CC OID LAST</b>                |                                                           |                                                    |
| Loss of Rental (LOR):             | S\$ <b>-</b> ( <b>-</b> days)                                            |                                                           |                                                    |
| Loss of Use (LOU):                | S\$ <b>1,260.00</b> (\$ <b>60</b> x <b>21</b> days)                      |                                                           |                                                    |
| Loss of Income (LOI):             | S\$ <b>-</b> (\$ <b>-</b> x <b>-</b> days)                               |                                                           |                                                    |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/>                             | LOR + LOU <input type="checkbox"/>                        | LOR + LOI <input type="checkbox"/> [Tick only one] |
| GIA/LTA Search                    | S\$ <b>2.00</b>                                                          |                                                           |                                                    |
| Medical:                          | S\$ <b>-</b>                                                             | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                                    |
| Disbursement:                     | S\$ <b>-</b> (e.g. Tow/ Independent )                                    | 2) Report Format: <b>TP</b>                               |                                                    |
| Legal Cost                        | S\$ <b>-</b>                                                             | 3) Survey fee: <b>\$320</b>                               |                                                    |
| <b>Total:</b>                     | S\$ <b>15,707.00</b> <b>Global Sum S\$: 15,700.00</b>                    |                                                           |                                                    |
| <b>FINAL PAYMENT</b>              | Date/Time: <b>10.01.22</b> Confirm with: <b>ASHLEY</b>                   | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                      |
| Payee 1:                          | S\$ <b>15,700.00</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:                                                              |                                                           |                                                    |