

ASSIGNMENTSurveyor: **Marcus**DOI: **08/09/2021**Date / Time : **08/09/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **YL 7736E**Claim No. : **SNM21D205084**Name of Insured : **ENG HWA SOON KEE**Policy No. : **DMCVSNW00017042103**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **06/09/2021**Place of Accident : **PANDAN LOOP TOWARDS JALAN BURUH**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****GP 9860H**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GP 9860H : CC4/III20003924/Uga3q2 ; DOA : 10/05/2019		STAGE		DATE / PIC
	YL 7736E : X		Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
			Call OI:		
	CLAIMANT: WHITE HORSE MARKETING		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:	☐	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos: ☐ ☐		
			Others: ☐ ☐		
FINALIZATION Date/Time: _____ Confirm with: _____			Confirm by: _____		
Repair Cost: p/p	S\$ \$912.32	(2 days) Reduction: \$1,208.68 % 57	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 10/01/2022 Confirm with SHI YING			Email ☒ Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 976.18	W/GST			
Loss of Rental (LOR):	S\$ 160.00	(2 days) x \$80.00			
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00				
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: \$400.00		
Total:	S\$ 1,138.18	Global Sum S\$: 1,100.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒ Call ☐		
Payee 1:	S\$ 1,100.00	Name 1: FASTECH AUTO PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			