

INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/09/2021 Date / Time : 13/09/2021
 Registered in Merimen: 13/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 7371R Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 12.09.2021 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**

SKP 1398G →



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
	<u>SKP 1398G - CC4/AIG16005482/R1za3q2 ; 16.02.2016</u>	Non-Reporting ltr (1st):	
	<u>SKZ 7371R - X</u>	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"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: <u>CKS</u>
Repair Cost: <u>L/S</u> S\$ <u>8,500.00</u>	(<u>7</u> days) Reduction: <u>65</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>17.11.21</u>	Confirm with <u>ASHLEY</u>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>9,095.00</u>	<u>OID REAR ENDED TP</u>		
Loss of Rental (LOR): S\$ <u>-</u>	(<u> </u> days)		
Loss of Use (LOU): S\$ <u>480.00</u>	(\$ <u>60</u> x <u>8</u> days)		
Loss of Income (LOI): S\$ <u>-</u>	(\$ <u> </u> x <u> </u> 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\$ <u>7.45</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ <u>-</u>	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>9,582.45</u>	Global Sum S\$: 9,580.00	
FINAL PAYMENT Date/Time: <u>17.11.21</u>	Confirm with: <u>ASHLEY</u>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>9,580.00</u>	Name 1:	<u>FASTECH AUTO PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	