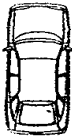


ASSIGNMENTSurveyor: MarcusDOI: 13/09/2021Date / Time : 13/09/2021Registered in Merimen: 13/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLV 2419E

Claim No. : _____

Name of Insured : Sun Zhiyong

Policy No. : _____

Insured Tel No. : _____ HP: _____

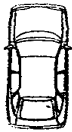
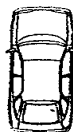
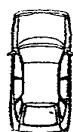
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/09/2021

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 NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SMZ 9206ZINSRS:
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
	SMZ 9206Z : X ; SLV 2419E : X		
	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)	☐	☐
	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:	☐	☐
	Post-Repair Photos:	☐	☐
	Others:	☐	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: <u>L/sum</u>	S\$ <u>5,500.00</u>	(<u>4</u> days) Reduction: <u>67</u> %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>20/10/2021</u> Confirm with: <u>Shi Ying</u> Email ☒ Call ☐			
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>10</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>5,885.00</u>		
Loss of Rental (LOR):	S\$ <u>300.00</u>	(<u>3</u> days) x \$100.00	
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\$ <u>2.00</u>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>6,187.00</u>	Global Sum S\$: <u>6,180.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ <u>6,180.00</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:	