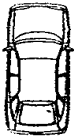


ASSIGNMENTSurveyor: MarcusDOI: 15/09/2021Date / Time : 29/09/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBA 850J

Claim No. : _____

Name of Insured : ABS LEASING SERVICES PTE LTD

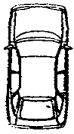
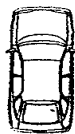
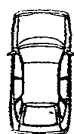
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/09/2021

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**SLX 5773B →INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLX 5773B : <u>NBA/CTI21009942/Y ; DOA : 14/09/2021</u>	STAGE DATE / PIC
	GBA 850J :	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: CKS
Repair Cost: <u>L/S</u> S\$ <u>6,100.00</u> (<u>5</u> days) Reduction: <u>53</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>06.12.21</u> Confirm with <u>JASON</u>	Email ☐ Call ☐
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>6,527.00</u> <u>OID REAR ENDED TP</u>		
Loss of Rental (LOR): S\$ <u>-</u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)		
Loss of Income (LOI): S\$ <u>✓ -</u> (\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>
Total: S\$ <u>6,894.45</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>06.12.21</u> Confirm with: <u>JASON</u>	Email ☐ Call ☐
Payee 1: S\$ <u>6,894.45</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: _____		