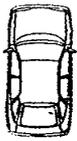


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: 20/09/2021 Date / Time : 20/09/2021  
 Registered in Merimen: 20/09/2021

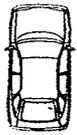
**Pre-assign / CCU / FTE**



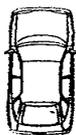
Insured Vehicle No. : SMG 1297M Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 17/09/2021 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) 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**

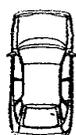
SMY 4018M →



INSRS:  
WSP: Fastech  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMY 4018M - X	SMG 1297M - X	STAGE	DATE / PIC
			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: Handler 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by: <u>CKS</u>	
Repair Cost: <u>L/S</u> S\$ <u>6,000.00</u> ( <u>5</u> days) Reduction: <u>64</u> %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>20.12.21</u> Confirm with <u>SHIYING</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>6,420.00</u>			<u>OI REAR ENDED TP</u>	
Loss of Rental (LOR): S\$ <u>700.00</u> ( <u>7</u> days) X \$100				
Loss of Use (LOU): S\$ - (\$ x days)				
Loss of Income (LOI): S\$ - (\$ x days)				
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <u>2.00</u>				
Medical: S\$ -			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ - (e.g. Tow/ Independent )			2) Report Format: <u>TP</u>	
Legal Cost S\$ -			3) Survey fee: <u>\$320</u>	
<b>Total:</b> S\$ <u>7,122.00</u> <b>Global Sum S\$:</b> <u>7,120.00</u>				
<b>FINAL PAYMENT</b> Date/Time: <u>20.12.21</u> Confirm with: <u>SHIYING</u>			Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <u>7,120.00</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:				