15/5/2010

INS. CASE OWNER: ~~CC6/CTI21010409/Ubs3~~ CC6/CTI21010409/Upa3q2

LKK:

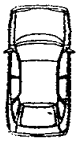
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 11/10/2021 Date / Time : 11/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 6476Y Claim No. : SNM21D205767

Name of Insured : Low Sam Chee Policy No. : DMPCSNW00042882101

Insured Tel No. : HP: Make / Model :

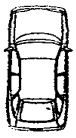
Excess Sec II :S$ D.O.A : 09/10/2021 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

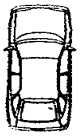
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

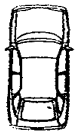
SKJ 5767E → → →



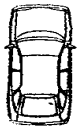
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKJ 5767E : NBA/INC17002078/Y ; DOA : 01/02/2017
	SKM 6476Y : 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:	

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: L/sum	S$ 2,100.00 (3 days) Reduction: 53 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/03/2022 Confirm with Jason	Email ☑ Cal ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,247.00	S$ 1,123.50 w/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU) 240.00	S$ 120.00 ($ 80 x 3 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: $400.00
Total:	**S$** 1,245.50 **Global Sum S$:** 1,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 1,200.00	Name 1:	FASTECH AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	