

Surveyor:

Marcus

DOI:

ASSIGNMENT

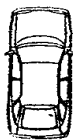
12/10/2021

Date / Time :

12/10/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 7922X

Name of Insured : Leong Kok Kin

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A :08/10/2021

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

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: **YES** / NO)

Claim No. : 9217855408SG

Policy No. : 2070146585

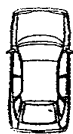
Make / Model :

Place of Accident : CTE towards city

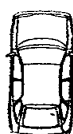
OI GIA REPORT: YES/ NO ; TP GIA REPORT: YES/ NO

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Umbrella		
11. Other		

SMT 9594J



INRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
		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 :	☐	☐
	TPV: HYUNDAI ACCENT - 1368cc	Medical Bill:	☐	☐
		PIR:	☐	☐
		Mandate/Reject Instruction:	☐	☐
		LOD	☐	☐
		Payment Breakdown Form:		☐
PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	LS	S\$ 4000.00	(5 days) Reduction: 8751.10 % 69	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 01/07/2022	Confirm with SHI YING	Email ☒ Cal ☐
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,280.00	W/GST		
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LC ☐	[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: \$350.00
Total:	S\$ 4,642.00	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☒ Cal ☐
Payee 1:	S\$ 4,642.00	Name 1:	FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		