

ASSIGNMENT

Surveyor: **MARCUS** DOI: **27/10/2021** Date / Time : **27/10/2021**
Registered in Merimen: _____

Pre-assign / CCU / FTE

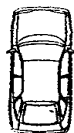
Insured Vehicle No. : **SH 9616Y** Claim No. : **S1M03KWC**
Name of Insured : _____ Policy No. : **P2419138**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **27/10/2021** Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****GBH 6261H**

INSRS:
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
	GBH 6261H - NA/UOI19014912/h4 ; 23/08/2019	Non-Reporting ltr (1st):	
	NA/UOI21011004/r3 ; 27/10/2021	Non-Reporting ltr (2nd):	
	SH 9616Y - CA/AIG09001713/s1 ; 22/01/2009	Non-Reporting ltr (Final):	
	CC4/FCI20004275/R1ea3q2 ; 12/03/2020	Notification ltr (if non-pickup):	
	NA/UOI21011004/r3 ; 27/10/2021	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: L/S	S\$ 6,600.00 (5 days) Reduction: 60 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 05.07.22 Confirm with JASON	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 7,062.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 480.00 (\$ 80 x 6 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ -		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 7,542.00 Global Sum S\$: 7,200.00		
FINAL PAYMENT	Date/Time: 05.07.22 Confirm with: JASON	Email ☐ Call ☐	
Payee 1:	S\$ 7,200.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		