

**ASSIGNMENT**

Surveyor: MARCUS DOI: 22/11/2021 Date / Time : 22/11/2021  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLJ 595E Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 18/11/2021 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**

SLC 6845G → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
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RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	<b>SLC 6845G - X</b>	<b>SLJ 595E - X</b>
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>28/02/2022</u>	Pls refer to VIEWS for details.	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>L/sum</b> S\$ <b>5,800.00</b> ( <b>6</b> days) Reduction: <b>72</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <u>28/02/2022</u> Confirm with <b>Ashley</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b> If NO or B 28, Ass. Lia :		
Repair Cost: <b>w/GST</b> S\$ <b>6,206.00</b>		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ <b>360.00</b> (\$ <b>60</b> x <b>6</b> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>2.00</b>		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent )		
Legal Cost S\$ _____		
<b>Total:</b> S\$ <b>6,568.00</b> <b>Global Sum S\$: 6,560.00</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <b>6,560.00</b> Name 1: <b>FASTECH AUTO PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		