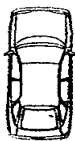


ASSIGNMENTSurveyor: **MARCUS**DOI: **05/01/2022**Date / Time : **05/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMA 6329D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **04-01-22**

Place of Accident : _____

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

If NO, Driver Name / Age :

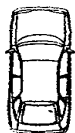
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SME 5332DINSRS:
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
	SME 5332D - X		
	SMA 6329D - CS/CTI19011511/Avd3e2 ; 25.06.2019	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: CKS		
Repair Cost: L/S	\$S 7,600.00 (6 days) Reduction: 63 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10.06.22 Confirm with JASON	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: w/GST	\$S 8,132.00	3VEH CC OID LAST	
Loss of Rental (LOR):	\$S 800.00 (8 days) x \$100		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S 2.00		
Medical:	\$S -	1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$400	
Total:	\$S 8,934.00 Global Sum \$S: 8,930.00		
FINAL PAYMENT	Date/Time: 10.06.22 Confirm with: JASON	Email ☐ Call ☐	
Payee 1:	\$S 8,930.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		