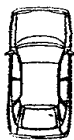


Surveyor:

Marcus

DOI:

ASSIGNMENT
19/01/2022**CC6/AIG22000700/Upa3**Date / Time : **19/01/2022**Registered in Merimen: **19/01/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNA 2399R**

Claim No. : _____

Name of Insured : **MALUR SESHADRI SHRIDHAR**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/01/2022**

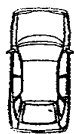
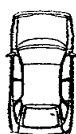
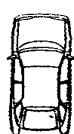
Place of Accident : _____

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****SFM 7887Y**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFM 7887Y : CS/MSG12018021/Uqn ; DOA : 14/09/2012	STAGE DATE / PIC
	SNA 2399R : CC6/AIG21009364/Apa3q2 ; DOA : 03/09/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
24/01/2022	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	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: _____
Repair Cost: L/sum	S\$ 2,600.00 (3 days) Reduction: 81 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/09/2022 Confirm with JinEe	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 2,782.00	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 180.00 (\$ 60 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: \$320.00
Total:	S\$ 2,964.00 Global Sum S\$: 2,960.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 2,960.00 Name 1: Fastech Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	