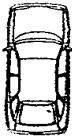


ASSIGNMENT

Surveyor: Marcus DOI: 21/01/2022 Date / Time : 21/01/2022

Registered in Merimen: ---

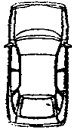
Pre-assign / CCU / FTE



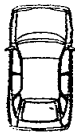
Insured Vehicle No. : GBK 1983A Claim No. : _____
 Name of Insured : SING TEC DEVELOPMENT PTE LTD Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 20/01/2022 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

SMR 7846G



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 |
|------------|---|---|
| | SMR 7846G : X ; GBK 1983A : X | |
| | 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) | <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"/> |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: sum S\$ **9,300.00** (3 days) Reduction: 71 % Email Call

FINAL SETTLEMENT Date/Time: 13/05/2022 Confirm with Jason Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ **9,951.00**
 Loss of Rental (LOR): S\$ **300.00** (3 days) x \$100
 Loss of Use (LOU): S\$ (\$ x 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\$
 Disbursement: S\$ (e.g. Tow/ Independent)
 Legal Cost S\$
 1) Claim status: Normal/~~Reject/Private Settle~~
 2) Report Format: **TP**
 3) Survey fee: **\$400.00**

Total: S\$ **10,253.00** **Global Sum S\$: 10,250.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ **10,250.00** Name 1: **Fastech Auto Pte Ltd**
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3: