

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **24/01/2022**Date / Time : **24/01/2022**Registered in Merimen: **\_\_\_\_\_****Pre-assign / CCU / FTE**Insured Vehicle No. : **XE 7035T**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

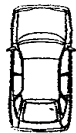
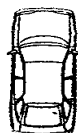
Excess Sec II : \$ \_\_\_\_\_ D.O.A : **23/01/2022 08:30**Place of Accident : **234 Bukit Panjang Ring Rd, Block 234, Singapore 670234 - CARPARK**

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****SLF 6215J**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                             |                                       |                                                                         |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                      | <b>SLF 6215J</b>                                            | <b>NBA/CTI22000801/Y ; 24.01.2022</b> | <b>STAGE</b>                                                            | <b>DATE / PIC</b>        |                          |
|                                                                                                                                                                      | <b>XE 7035T</b>                                             |                                       | Non-Reporting ltr (1st):                                                |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | Non-Reporting ltr (2nd):                                                |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | Non-Reporting ltr (Final):                                              |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | Notification ltr (if non-pickup):                                       |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | Call OI:                                                                |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | After call ltr to OI:                                                   |                          |                          |
|                                                                                                                                                                      |                                                             |                                       | <b>Documentation Check List:</b>                                        | <b>Handler</b>           | <b>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"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                              | Post-Repair Photos:                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                       | Others:                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                         | Confirm by:                                                             |                          |                          |
| Repair Cost: <b>L/sum</b>                                                                                                                                            | S\$ <b>6,000.00</b> ( <b>4</b> days) Reduction: <b>48</b> % |                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>06/05/2022</b> 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>22</b>   |                                       | If NO or B 28, Ass. Lia :                                               |                          |                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                            | S\$ <b>6,420.00</b>                                         |                                       |                                                                         |                          |                          |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>500.00</b> ( <b>5</b> days) <b>x \$100</b>           |                                       |                                                                         |                          |                          |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                             |                                       |                                                                         |                          |                          |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                             |                                       |                                                                         |                          |                          |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                       |                                                                         |                          |                          |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                             |                                       |                                                                         |                          |                          |
| Medical:                                                                                                                                                             | S\$                                                         |                                       | 1) Claim status: Normal/Reject/Dispute/Settle                           |                          |                          |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                |                                       | 2) Report Format: <b>TP</b>                                             |                          |                          |
| Legal Cost                                                                                                                                                           | S\$                                                         |                                       | 3) Survey fee: <b>\$320.00</b>                                          |                          |                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>6,927.45</b>                                         | <b>Global Sum S\$: 6.900.00</b>       |                                                                         |                          |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |                          |
| Payee 1:                                                                                                                                                             | S\$ <b>6,900.00</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:                               |                                                                         |                          |                          |