

**ASSIGNMENT**

Surveyor:

**MARCUS**

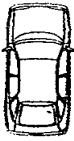
DOI:

**09/02/2022**

Date / Time :

**04/02/2022**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLX 648M**Claim No. : **S2M03SJP**

Name of Insured :

Policy No. : **P2114747**

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **31/01/2022**

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

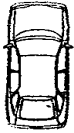
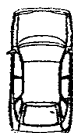
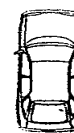
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SMG 4461K**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     |                                                                       |                                              |                                                              |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|
|                                                                                | <b>SMG 4461K - NBA/INC20009859/Y ; 15.09.2020</b>                     | <b>STAGE</b>                                 | <b>DATE / PIC</b>                                            |
|                                                                                | <b>SLX 648M - X</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 Typist</b>                                        |
|                                                                                |                                                                       | Notification ltr (if non-pickup)             | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | After call ltr to OI:                        | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Authorisation To Act:                        | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Release Voucher:                             | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Final Repair Bill:                           | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Car Rental Invoice:                          | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Towing Invoice                               | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | LTA / GIA :                                  | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Medical Bill:                                | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | PIR:                                         | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Mandate/Reject Instruction:                  | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | LOD                                          | <input type="checkbox"/>                                     |
|                                                                                |                                                                       | Payment Breakdown Form:                      | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                                                            | Sent By:                                     | Post-Repair Photos: <input type="checkbox"/>                 |
|                                                                                |                                                                       |                                              | Others: <input type="checkbox"/>                             |
| <b>FINALIZATION</b>                                                            | Date/Time:                                                            | Confirm with:                                | Confirm by: <b>CKS</b>                                       |
| Repair Cost: <b>L/S</b>                                                        | S\$ <b>2,700.00</b>                                                   | ( <b>3</b> days) Reduction: <b>72</b> %      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>17.05.22</b>                                            | Confirm with <b>JASON</b>                    | Email <input 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>2,889.00</b>                                                   | <b>OI REAR ENDED TP</b>                      |                                                              |
| Loss of Rental (LOR):                                                          | S\$ <b>-</b>                                                          | ( <b>3</b> days)                             |                                                              |
| Loss of Use (LOU):                                                             | S\$ <b>150.00</b>                                                     | ( \$ <b>50</b> x <b>3</b> days)              |                                                              |
| Loss of Income (LOI):                                                          | S\$ <b>-</b>                                                          | ( \$ 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\$ <b>-</b>                                                          |                                              | 1) Claim status: Normal/ <del>Reject/Prints Settle</del>     |
| Disbursement:                                                                  | S\$ <b>-</b>                                                          | (e.g. Tow/ Independent )                     | 2) Report Format: <b>TP</b>                                  |
| Legal Cost                                                                     | S\$ <b>-</b>                                                          |                                              | 3) Survey fee: <b>\$350</b>                                  |
| <b>Total:</b>                                                                  | S\$ <b>3,041.00</b>                                                   | <b>Global Sum S\$: 3,040.00</b>              |                                                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: <b>17.05.22</b>                                            | Confirm with: <b>JASON</b>                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                       | S\$ <b>3,040.00</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:                                      |                                                              |