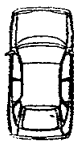


ASSIGNMENT

Surveyor:

MARCUSDOI: **22/03/2022**Date / Time : **22/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBE 2522Y**Claim No. : **S2M03WB7**Name of Insured : **THOW YEN FOODSTUFFS PTE. LTD.**Policy No. : **P1835750**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/03/2022 13:14**Place of Accident : **BEDOK NORTH EXIT PIE TO CHANGI**

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

If **NO**, Driver Name / Age : **MANI THIRUVENKADAM**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****GBE 2522Y****SKZ 2601K****SLT 5656C**

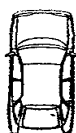
INSRS:

WSP:

Tel :

Liability :

RMKS:

OI

INSRS:

WSP: **FASTECH**

Tel :

Liability :

RMKS:

TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			
	SKZ 2601K - CC3/MSG18000099/Atbn2 ; 02.01.2018	STAGE	DATE / PIC
	GBE 2522Y - 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)	☐ ☐
		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\$ 20,000	(15 days) Reduction: 63%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.08.22	Confirm with JINEE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 21,400.00	3VEH CC OID LAST	
Loss of Rental (LOR):	S\$ 1,100.00	(11 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/Partial Settlement
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$350
Total:	S\$ 22,502.00	Global Sum S\$: 22,500.00	
FINAL PAYMENT	Date/Time: 12.08.22	Confirm with: JINEE	Email ☐ Call ☐
Payee 1:	S\$ 22,500.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	