

ASSIGNMENTSurveyor: **MARCUS**DOI: **13/04/2022**Date / Time : **13/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 4646R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **06/04/2022 10:00**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

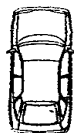
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**GBC 9485K**

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
	GBC 9485K - NA/INC18011560/z4 ; 22/06/2018	Non-Reporting ltr (1st):	
	YN 4646R - X	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: _____	
Repair Cost: P/P	S\$ 1,022.32 (3 days) Reduction: 79 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 28/06/2022 Confirm with Jason	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 1,093.88	S\$ 546.94 w/GST		
Loss of Rental (LOR): 340.00	S\$ 170.00 (4 days) x \$85		
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 Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 718.94 Global Sum S\$: 710.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 710.00 Name 1: Fastech Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		