		CC6/AIG22004143/Uea3	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **5/5/22**   Date / Time : **5/5/22**

Registered in Merimen: **5/5/22**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLB 7889D**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **4/5/22**	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**

SJX 3092U ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **FASTECH**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLB 7889D - X	Non-Reporting ltr (1st):	
	SJX 3092U - CS/RSI15003140/T1qy3k3 ; 21/02/2015	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:		☐
		Post-Repair Photos:	☐	☐
		Others:	☐	☐

PRELIMINARY ADVICE Date/Time:	Sent By:	

FINALIZATION Date/Time: Confirm with: Confirm by: **CKS**

Repair Cost: **L/S** S$ **3,500.00** (**4** days) Reduction: **65**%   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **12.08.22** Confirm with **JINEE**   Email ☐ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **3,745.00** **OI REAR ENDED** TP	
Loss of Rental (LOR):	S$ **-** (days)	
Loss of Use (LOU):	S$ **400.00** ($**100** x **4** days)	
Loss of Income (LOI):	S$ **-** ($ 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: **$320**
Total:	S$ **4,147.00** Global Sum S$:	

FINAL PAYMENT Date/Time: **12.08.22** Confirm with: **JINEE**   Email ☐ Call ☐

Payee 1:	S$ **4,147.00**	Name 1: **FASTECH AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: