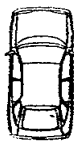


ASSIGNMENTSurveyor: **MARCUS**DOI: **04/07/2022**Date / Time : **04/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGK 2019T**Claim No. : **S2M045RS**

Name of Insured : _____

Policy No. : **P2441358**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **02/07/2022**

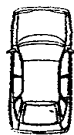
Place of Accident : _____

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****SLU 1543R**INSRS:
WSP: **Fastech Auto**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SLU 1543R	CC6/AIG19004856/Aeb3q2 20/11/2019 SLU 1543R SLJ 853K 10/03/2019 20/11/2019 LSP	Non-Reporting ltr (1st):	
	NS/INC18003192/R1td3n2 09/03/2018 SHB 2020Z SLU 1543R 15/02/2018 09/03/2018 NVT	Non-Reporting ltr (2nd):	
	NS/INC18003685/K1qbn2 08/03/2018 SHC 3372X SLU 1543R 18/02/2018 08/03/2018 QK	Non-Reporting ltr (Final):	
SGK 2019T	CS/AIS22000406/Bvf3n2 22/02/2022 SGK 2019T SMK 273S 05/01/2022 23/02/2022 LST1	Call OI:	
	NA/CTI17001930/S 31/01/2017 TAN KOK BENG SGK 2019T UNKNOWN 30/01/2017 02/02/2017 YWK	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: _____		
Repair Cost:	S\$ (_____ days) Reduction: % _____ Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ Email ☐ Call ☐		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____		
Repair Cost:	S\$ _____		
Loss of Rental (LOR):	S\$ (_____ days) _____		
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\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ (e.g. Tow/ Independent) _____		
Legal Cost	S\$ _____		
Total:	S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		