

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: 11/08/2022 Date / Time : 11/08/2022  
 Registered in Merimen: 11/08/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBJ 4678S Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :\$\$ \_\_\_\_\_ D.O.A : 10-08-22 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**

**SLE 7197B**



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
<b>SLE 7197B -X</b>		
<p><b>GBJ 4678S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Acc Date Rep Date Case Date Created By</b>                      CS/AIG21010153/Aqf3n2 10/11/2021 GBA 7196T GBJ 4678S 28/09/2021 04/11/2021 LST1                      NA/TM121010121/u 30/09/2021 ARUMUGAMI KARTHICK GBA 7196T GBJ 4678S 28/09/2021 20/10/2021 THZ</p>		
	Notification Itr (if non-pickup):	
	Call OI:	
	After call Itr to OI:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>L/SUM</b> S\$ <b>18,000.00</b> ( <b>8</b> days) Reduction: <b>67</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <b>09/01/2023</b> Confirm with <b>Jinee</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>35(c)(i)</b> If NO or B 28, Ass. Lia :		
Repair Cost: <b>w/GST</b> S\$ <b>19,260.00</b>		
Loss of Rental (LOR): S\$ <b>1,350.00</b> ( <b>9</b> days) <b>X\$150.00</b>		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input 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\$		
Disbursement: S\$ (e.g. Tow/ Independent )		
Legal Cost S\$		
<b>Total:</b> S\$ <b>20,612.00</b> <b>Global Sum S\$: 20,000.00</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <b>20,000.00</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:		

1) Claim status: Normal/~~Reject/Dispute/Settle~~  
 2) Report Format: **TP**  
 3) Survey fee: **\$320.00**