ASSIGNMENT

Surveyor: **MARCUS**   DOI: 26/09/2022   Date / Time : 26/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKQ 68K**		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : **23.09.2022 18:29**	Place of Accident : **RAFFLES BLVD**	

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**

SLD 9489B _____ → _____ → _____ → _____

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

Date/ Time	SLD 9489B -X SKQ 68K - X	STAGE	DATE / PIC
		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: _____

Repair Cost: **L/Sum**   S$ **10,000.00** (**6** days) Reduction: **62** % ___   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **15/03/2023**   Confirm with **Korrie**   Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **Nil**	If NO or B 28, Ass. Lia :	
Repair Cost: **with GST** S$ **10,700.00**		
Loss of Rental (LOR): S$ **600.00** (**6** days) **@$100**		
Loss of Use (LOU): S$ ($ 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/Private Settle~~	
Disbursement: S$ (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost S$	3) Survey fee: **$400**	
Total: S$ **11,302.00** **Global Sum S$:**		

FINAL PAYMENT   Date/Time: _____   Confirm with: _____   Email ✓ Call ☐

Payee 1: S$ **11,302.00**	Name 1: **FASTECH AUTO PTE LTD**	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	