

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **08.02.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YP 8554K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **08.02.2023**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

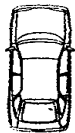
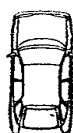
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SLS 9218MINSRS:
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
SLS 9218M - X			
YP 8554K - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting Itr (1st):	
CS3/AIG21004757/Eq13e2	20/04/2021 SMV 1817J YP 8554K 14/04/2021 20/04/2021 LS	Non-Reporting Itr (2nd):	
NBA/AIG21004763/Y	15/04/2021 MARIYAPPAN MANIBALAN YP 8554K SMV 1817J 14/04/2021 15/04/2021 SBA	Non-Reporting Itr (Final):	
		Notification Itr (if non-pickup):	
		Call OI:	
		After call Itr to OI:	
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	☐
		After call Itr 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\$ 10,500.00	(6 days) Reduction: 72 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/05/2023	Confirm with Jason	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S\$ 11,340.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$50 x 6 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\$ 11,642.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 11,642.00	Name 1: Fastech Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	