

ASSIGNMENTSurveyor: **MARCUS**DOI: **20.02.2023**Date / Time : **20.02.2023**Registered in Merimen: **20.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMD 5926X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **17-02-23**

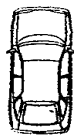
Place of Accident : _____

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****SMS 269M**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SMS 269M - Reference Entry	NBA/CTI23001839/Y	20/02/2023	SOON SAY LING, SHIRLENE	SMS 269M	SMD 5926X	17/02/2023	RBA
SMD 5926X - Reference Entry	NBA/CTI23001839/Y	20/02/2023	SOON SAY LING, SHIRLENE	SMS 269M	SMD 5926X	17/02/2023	RBA
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:							
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:	L/SUM	S\$ 5,800.00	(4 days)	Reduction:	67 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 11/05/2023 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\$ 6,264.00					
Loss of Rental (LOR):	S\$	(_____ days)					
Loss of Use (LOU):	S\$	320.00 (\$ 80 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\$						
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$						
Total:	S\$	6,586.00	Global Sum S\$:				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐							
Payee 1:	S\$	6,586.00	Name 1:	Fastech Auto Pte Ltd			
Payee 2: (Strike if N.A.)	S\$		Name 2:				
Payee 3: (Strike if N.A.)	S\$		Name 3:				

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: **TP**

3) Survey fee: **\$320.00**