

15/5/2010

INS. CASE OWNER:

CC4/LPC1901 6474, 4 K63.

LKK:

IDAC:

Surveyor:

MARINS.

DOI:

ASSIGNMENT

16/11/19

Date / Time :

16/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 62075.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 16/11/19.

Place of Accident : _____

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

GBH 1185C



INSRS: zoom

WSP: autowerks.

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
GBH 1185C	Non-Reporting ltr (1st):	
GBC 62075	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:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S \$8,000.00 (9 days) Reduction: 6,699.69/46 %	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 4/6/2020 Confirm with ELIN	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost: \$8,000.00	3 vehicle chain collision,	
Loss of Rental (LOR)(w/GST) \$973.70 (7 days) X \$130	Insured vehicle last	
Loss of Use (LOU): \$ (\$ x days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$36.45		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$9,010.15 Global Sum \$5: 9,000.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$9,000.00 Name 1: Zoom Autowerks Pte Ltd		
Payee 2: (Strike if N.A.) \$ Name 2:		
Payee 3: (Strike if N.A.) \$ Name 3:		

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

Lpc /

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

N/S	O/S

LPC
Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL