15/5/2010

INS. CASE OWNER: Chan Kian Meng | CC4/AIG19019515/Uba3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS | DOI: 05.11.2019 | Date / Time: 04.11.2019 | Registered in Merimen: 05.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SGG 221J | Claim No. : 7576264442SG

Name of Insured : LO SHYE RU | Policy No. : 2100427460

Insured Tel No. : | HP: | Make / Model : INFINITI Q50 PREMIUM

Excess See II :S$ | D.O.A : 02/11/2019 17:00 | Place of Accident : PIE (TOWARDS TUAS) BEFORE STEVENS ROAD EXIT

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

If NO, Driver Name / Age : LO RACHAEL PIK YI | OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : +65-92322810 (V/L: (YES) / NO) | Insured Liability : % **Final ? Yes / No**

SDL 9000E →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: ZOOM	WSP:	WSP:	WSP:
Tel : AUTOWERKS	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SDL 9000E - CC6/AIG12006732/Usa3y; DOA:02.04.12 SGG 221J - CC4/AIG17023596/T1pb3q2; DOA:9.12.17
13/11/19	- FILE REVIEWED. OID REAR-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES. - FINALIZED - TP LOD IN BY EMAIL
28/11/19	- UPLOADED MANDATE IA IN OC
18/02/2020	- AIG APPROVED MANDATE - SEND SOT OFFER TO TP
19/02/2020	- TP ACCEPTED OFFER.
28/07/2021	settled & closed

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:	13/11/19 - VIC

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: LO	S$ 4,000.00 (4 days) Reduction: 62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/02/2020 Confirm with	ELIN CAI	Email / Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia : (OID REAR-ENDED TP)
Repair Cost:	S$ 4,000.00		
Loss of Rental (LOR):	S$ 750.00 (5 days) X @ 150		
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$ 36.45		
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: @320.00
Total:	S$ 4,786.45 **Global Sum S$:** —		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,786.45	Name 1:	ZOOM AUTOWERKS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

REC. BY: | REP: MG

ASSIGNMENT

From: | Date: 05/11/19

Estimated Cost:

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

To Inspect Vehicle No: SDL 9000E

at Workshop m/s ZOOM AUTOWORKS

of Blk 15 Kaki Bukit Rd 4 Bartley

Insured: BIZ Centre #01-53

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 4 days | Res.: Yes or No

Lum Sum: % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SDL 9000E | Yr Regn: 10/18

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

Truck / Trailer or CA/

Make: Toyota Vellfire | cc: 2493

Colour white | A/C: Insured / Std / NI / NA

Sp.Reading 19018 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: AGH 30018447 8

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : NIl / S/Rim / STD A/Rim or

Tyre Size: F: 235/50 R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	2/11/19	D.O.I.	5/11/19

Survey held at

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

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

Date / Time	Action / Instruction
	LTA 76397
	LG $4,000.00
	(Rem: $6,525.59 (62%))

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
__S + RS, __SI	
Photos	
Others	
TOTAL	