

ASSIGNMENT

Surveyor:

MARCUS

DOI: 07/11/2019

Date / Time : 07/11/2019

Registered in Merimen: 07/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 4562X

Claim No. : 7240821062SG

Name of Insured : GAO YUAN

Policy No. : 1700077366

Insured Tel No. : HP: 91863371

Make / Model :

Excess Sec II :S\$ D.O.A : 25/10/2019 21:05

Place of Accident : TERMINAL 4 PICK-UP POINT

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

SMP 412G

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

Date/ Time	STAGE	DATE / PIC
	SMP 412G	
	SLT 4562X NA/CTI19019108/z4; DOA: 25/10/19	
12.11.2019	OINR. To send out first letter. File pass to Su.	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost:	S\$ (days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 29/01/2020 Confirm with ELIN Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,800.00	(OI REVERSED)
Loss of Rental (LOR):	S\$ 480.00 (4 days) 120	TP VIDEO IN
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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\$ 2,316.45 Global Sum S\$: ----	
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 2,316.45 Name 1: ZOOM AUTOWERKS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ --- Name 2: ---	
Payee 3: (Strike if N.A.)	S\$ --- Name 3: ---	