15/5/2010

INS. CASE OWNER: Gan, Hunchung | CC4/AIG19019909/Uka3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 08/11/2019 Date / Time : 11/11/2019

Registered in Merimen: 11/11/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 8267D Claim No. : 7411104084SG

Name of Insured : KOSIN STRUCTIVE PTE LTD Policy No. : 1900165395

Insured Tel No. : HP: Make / Model : TOYOTA DYNA 150 5MT

Excess Sec II :S$ D.O.A : 07/11/2019 Place of Accident : ALONG TAMPINES AVE 7

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

If **NO**, Driver Name / Age : RHAMAN MD SIDDIKUR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97741958 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLD 4590Z → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLD 4590Z - X GBH 8267D - X	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)	☐	☐
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: 45 S$ 10500.00 (6 days) Reduction: 60. % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26/2/2020 Confirm with Elin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15
Repair Cost:	S$ 10500.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S$ 960.00 (8 days)	OI FILTER LANE
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: $320.00
Total:	**S$** 11496.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 11496.45	Name 1:	Zoom Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	