15/5/2010

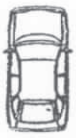
INS. CASE OWNER: Bennie Tan | CC4/AIG20001715/Uka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 30/01/2020 Date / Time : 30.01.2020

Registered in Merimen: 31.01.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 7179Y Claim No. : 2387306821SG X

Name of Insured : HWANG KIAN HIN RAYMOND Policy No. : 1800101979

Insured Tel No. : HP: Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)

Excess Sec II :S$ D.O.A : 29/01/2020 Place of Accident : 238A SERANGOON AVE 2 (MSCP) 1ST FLOOR SLOPE

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

If **NO**, Driver Name / Age : ALICIA HWANG XUEQI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98154155 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJG 4566C → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJG 4566C - X	SMD 7179Y - X

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:	

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	S$ 5200.00 (6 days)	Reduction: 13,518.00 % 72	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/12/2020	Confirm with ELIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5200.00		
Loss of Rental (LOR):	S$ 500.00 (5 days)	x $100.00	
Loss of Use (LOU):	S$ ($ 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: $320.00
Total:	S$ 5736.45	**Global Sum S$:** 5700.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5700.00	Name 1: ZOOM AUTOWERKS PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AIA 1718 | U/C

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJG 4566C

at Workshop m/s Zoom

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJG 4566C Yr Regn: /

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1

Make: Volkswagen c.c

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 117508 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ1KZ8M167233

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R: 205/55R16

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	30/1/20	

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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