

INS. CASE OWNER: MingYao.Lee

CC4/AIG20001809/Uda3

LKK:
IDAC:**ASSIGNMENT**Surveyor: **MARCUS**

DOI: 03.02.2020

Date / Time : 03.02.2020

Registered in Merimen: 03.02.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 5050E

Claim No. : 9147790663SG X

Name of Insured : SHAIK MUHAMAD SADIQ BIN SHAIK DAWOOD

Policy No. : 1900151083

Insured Tel No. : HP: +65-97835843

Make / Model : HYUNDAI ELANTRA

Excess Sec II : S\$

D.O.A : 24/01/2020 12:25

Place of Accident : ALONG SIMEI AVE

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

SKE 5477T

SLS 5050E

SKK 2518Y



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: ZOOM

Tel : AUTOWERKS

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SKK2518Y - X	SLS5050E - 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:	☐	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
			Others:	☐	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$ 4,500.00 (5 days) Reduction: 74 %		Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 17/07/2020	Confirm with Elin	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%		
Repair Cost:	S\$ 4,500.00		3 veh C.C, OI was 2nd		
Loss of Rental (LOR):	S\$ 300.00 (3 days) x \$100				
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\$ 7.45				
Medical:	S\$ -		1) Claim status: Normal		
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP		
Legal Cost	S\$ -		3) Survey fee: \$320		
Total:	S\$ 4,807.45	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐		
Payee 1:	S\$ 4,807.45	Name 1: Zoom Autowerks Pte Ltd			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			