

ASSIGNMENT

Surveyor:

MARCUS

DOI: 05/02/2020

Date / Time : 04/02/2020

Registered in Merimen: 05/02/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SKP 8997G

Claim No. : _____

Name of Insured : TAN HANG MENG(CHEN HANMING)

Policy No. : _____

Insured Tel No. : _____ HP: +65-97408635

Make / Model : KIA SORENTO

Excess Sec II :S\$ _____ D.O.A : 25/01/2020 13:15

Place of Accident : CARPARK OUTSIDE BLK 3 ST GEORGE'S RD
LOT 240Is 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

SGA 2228J

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
SKP 8997G	Non-Reporting ltr (1st):	
SGA 2228J	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: S\$ 3,100.00 (4 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 15/05/2020

Confirm with Elin

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 3,100.00

Loss of Rental (LOR): S\$ 720.00 (6 days) x \$120

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\$ -

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

Total: S\$ 3,820.00 Global Sum S\$: 3,800.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 3,800.00

Name 1: Zoom Autowerks Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: Normal/Reject/Partial Settlement

2) Report Format: TP

3) Survey fee: \$320