

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **18/02/2020**Date / Time : **18/02/2020**Registered in Merimen: **18/02/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **FBL 3795H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$ _____

D.O.A : **15/02/2020**

Place of Accident : _____

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

SJG 4044SINSRS: ZOOM
WSP: AUTOWERKS
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJG 4044S		
	FBL 3795H		
		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:	☐ ☐

04/08/2020

Pls refer to Views for details.

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm with:		Confirm by:	
Repair Cost:	L/sum	S\$ 2,850.00	(5 days)	Reduction:	73 %	Email	☐	Call
FINAL SETTLEMENT		Date/Time:	Confirm with		Email		☒	Call
Final Liability:	%	50	(Agreed / Assessed) BOLA S/N No. :		NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	2,850.00	S\$ 1,425.00						
Loss of Rental (LOR):	S\$	(days)						
Loss of Use (LOU):	300.00	S\$ 150.00 (\$ 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\$							
Disbursement:	S\$		(e.g. Tow/ Independent)		1) Claim status: Normal/TP			
Legal Cost	S\$				2) Report Format: TP			
					3) Survey fee: \$500.00			
Total:	S\$	1,611.45	Global Sum S\$:		1,600.00			
FINAL PAYMENT		Date/Time:	Confirm with:		Email		☒	Call
Payee 1:	S\$	1,600.00	Name 1:	Zoom Autowerks Pte Ltd				
Payee 2: (Strike if N.A.)	S\$		Name 2:					
Payee 3: (Strike if N.A.)	S\$		Name 3:					