

15/5/2010

CC4/AIG20004300/Ups3

LKK:

INS. CASE OWNER:

CC4/AIG20004300 / Ups3

IDAC:

ASSIGNMENT

Surveyor:

Marcus

DOI:

20/3/2020

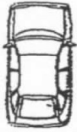
Date / Time:

20/3/2020

Registered in Merimen:

20/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 5071L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 13/3/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

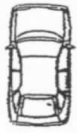
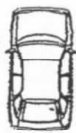
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBH 4345M

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
	GBH 4345M	Non-Reporting ltr (1st):	
	GBH 5071L	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/sum	S\$ 3,700.00	(5 days) Reduction:	69 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 21/05/2021	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\$ 3,700.00				
Loss of Rental (LOR) w/GST	S\$ 642.00	(6 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 Sewer			
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$			3) Survey fee: \$320.00	
Total:	S\$ 4,378.45	Global Sum S\$:			
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 4,378.45	Name 1:	Zoom Autowerks Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			