

INS. CASE OWNER:

CC 4 / AIG 2000 7513 / Ups3

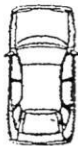
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 22/07/2020Date / Time: 21/07/2020Registered in Merimen: 21/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 7373J
 Name of Insured : CHUA HUANG BOON, MICHEAL
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 16/07/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

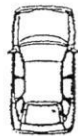
If NO, Driver Name / Age :

Driver Tel No. :

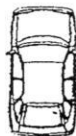
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

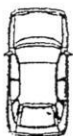
SJJ 90T



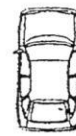
INSRS:
WSP: ZOOM
Tel: AUTOWERKS
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time

SJJ 90T : X
SLX 7373J : 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:

02/02/2021

Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum S\$ 4,200.00 (3 days) Reduction: 73 %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 02/02/2021Confirm with ElinEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,200.00Loss of Rental (LOR): S\$ 600.00 (4 days) x \$150.00

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\$ 29.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 4,829.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐Payee 1: S\$ 4,829.00Name 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/Private Settle

2) Report Format: TP3) Survey fee: \$320.00