15/5/2010

INS. CASE OWNER: CC4/AIG20010586/Upa3

LKK:

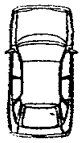
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 02/10/2020

Registered in Merimen: 02/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 3258U Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

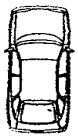
Excess Sec II :S$ _____ D.O.A : 01/10/2020 15:50 Place of Accident : JUNCTION OF YISHUN AVE 1 X YISHUN AVE 2

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

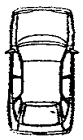
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

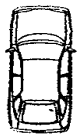
SFH 9119U → _____ → _____ → _____



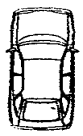
INSRS:
WSP: Zoom
Tel : Autowerks
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	SFH 9119U - CC4/AIG11009879/Dja3k2 - 23/05/2011	Non-Reporting ltr (1st):
	CV1/VAL18021587/Bv - 30/11/2018	Non-Reporting ltr (2nd):
	GBB 3258U - CS/EGI16022115/Uth3n2 - 18/11/2016	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: L/SUM	S$ 15,500.00 (10 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/3/2021 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$ 15,500.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$1,540.00 ($110 x 14 days)		
Loss of Income (LOI):	S$ ($ 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 ~~Reject/Private Settle~~
Disbursement:	S$ 180.00 (e.g. Tow / Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 320.00
Total:	**S$** 17,227.45 **Global Sum S$:** 17,200.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 17,200.00	Name 1:	Zoom Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	