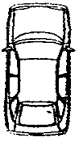


ASSIGNMENT

Surveyor: MARCUS DOI: 11/01/2021 Date / Time : 08/01/2021
 Registered in Merimen: 11.01.2021

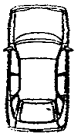
Pre-assign / CCU / FTE



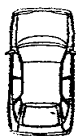
Insured Vehicle No. : SKN 9078M Claim No. : _____
 Name of Insured : YEO XI-MIN TIMOTHY Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : Mazda 3
Excess Sec II :S\$ _____ D.O.A : 06/01/2021 22:15 Place of Accident : PIE TO CTE.
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : YEO XI-WEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

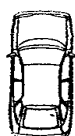
SJE 4986J → SKN 9078M → SMC 8670T → _____



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMC 8670T</u> <u>SKN 9078M</u>	<u>NA/AIG21000350/z4 ; 06.01.2021</u>	
		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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/S	S\$ 6600.00 (8 days) Reduction: 8,120.86 % 55	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>30/11/2021</u> Confirm with <u>ELIN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost:	S\$ 6,600.00		
Loss of Rental (LOR):	S\$ 900.00 (9 days) x \$100.00	C.C (OI 2ND)	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 36.45		
Medical:	S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 7,536.45	Global Sum S\$: 7,500.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 7,500.00 Name 1: <u>Zoom Autowerks Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		