

**ASSIGNMENT**

Surveyor: MARCUS DOI: 06/04/2021 Date / Time : 05/04/2021  
 Registered in Merimen: 05/04/2021

**Pre-assign / CCU / FTE**



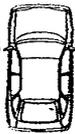
Insured Vehicle No. : SKQ 1331T Claim No. : 6171525282SG  
 Name of Insured : Ong Irene (Wang Irene) Policy No. : 2100385726  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : Mercedes E200  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 01/04/2021 17:00 Place of Accident : Moulmein Road right into slip road to CTE  
 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

**SMX 1041U**



INSRS:  
WSP: Zoom Autowerks  
Tel : Pte Ltd.  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMX 1041U - X	SKQ 1331T - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:	
Repair Cost: <b>L/SUM</b> S\$ <b>5,050.00</b> ( <b>6</b> days) Reduction: <b>67</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>29/7/2021</b> Confirm with <b>ELIN</b>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <b>5,050.00</b>				
Loss of Rental (LOR): S\$ <b>800.00</b> ( <b>8</b> days) x \$100.00				
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\$ <b>7.45</b>				
Medical: S\$			1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement: S\$ (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>	
Legal Cost S\$			3) Survey fee: <b>320.00</b>	
<b>Total:</b> S\$ <b>5,857.45</b> <b>Global Sum S\$:</b>				
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>5,857.45</b> Name 1: <b>Zoom Autowerks Pte Ltd</b>				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				