

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**DOI: **08/04/2021**Date / Time : **08/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XB 6988R**Claim No. : **S1M037ED**Name of Insured : **CK LOGISTICS (S) PTE. LTD.**Policy No. : **GA554060**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **06/04/2021 17:10**Place of Accident : **Near 55 Tuas Cres, Singapore**

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

If NO, Driver Name / Age : **YAO CHUNMING**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SDT 5110E**INSRS:
WSP: **ZOOM**
Tel : **AUTOWERKS**
Liability **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SDT 5110E - X	STAGE	DATE / PIC	
	XB 6988R - NJA/AVI08015330/y1 ; 17/05/2008	Non-Reporting ltr (1st):		
	NJA/FCI08015168/y1 ; 29/05/2008	Non-Reporting ltr (2nd):		
	NJA/MSI10002679/k1 ; 08/02/2010	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	☐	☐
19/10/2021	SETTLED AND CLOSED / NO PHY FILE	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/S	S\$ 7,800.00 (7 days) Reduction: 63.65 %		Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 19/10/2021 Confirm with ELIN CAI		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,800.00			
Loss of Rental (LOR):	S\$ 1,980.00 (11 days) X \$180.00			
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\$ 7.45			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$350.00	
Total:	S\$ 9,787.45	Global Sum S\$: 8,500.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐	Call ☐
Payee 1:	S\$ 8,500.00	Name 1: Zoom Autowerks Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		