15/5/2010

INS. CASE OWNER: CC4/ASM21004508/Ubs3

LKK:

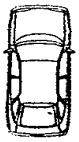
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 08/04/2021 Date / Time : 08/04/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : EP 640J Claim No. :

Name of Insured : ANG LENG SENG Policy No. :

Insured Tel No. : HP: Make / Model :

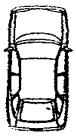
Excess Sec II :S$ D.O.A : 07/04/2021 Place of Accident :

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

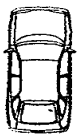
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

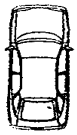
SLG 4947M → → →



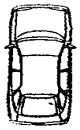
INSRS:
WSP: ZOOM
Tel : AUTOWERKS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLG 4947M : X	**STAGE** **DATE / PIC**
	EP 640J : CC4/AXA10026082/Kq1qq2 ; DOA : 15/05/2010	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	- Please check / verify OID DL	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: ☑ ☐
		Coating ~~Towing~~ Invoice ☑ ☐
07/10/2021	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: Payment form ☑ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 5,600.00 (6 days) Reduction: 68.89 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/10/2021	Confirm with ELIN CAI	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,600.00		
Loss of Rental (LOR):	S$ 600.00 (6 days)	X $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑	LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement: (COATING)	S$ 400.00	(e.g. ~~Tow / Independent~~)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 6,600.00	**Global Sum S$:** 6,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ 6,500.00	Name 1:	Zoom Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	