

**ASSIGNMENT**Surveyor: MarcusDOI: 12/04/2021Date / Time : 12/04/2021Registered in Merimen: 12/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLL 4572J

Claim No. : \_\_\_\_\_

Name of Insured : WEN DEQUAN

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 10/04/2021

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 / NODriver Tel No. : \_\_\_\_\_ (V/L ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SMC 186C**INSRS:  
WSP: ZOOM  
Tel: AUTOWERKS  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                              |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SMC 186C : NA/INC19016895/z4 ; DOA : 24/09/2019                              | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | SLL 4572J : X                                                                | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                                              | 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: Handler 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:                                                                      |
| Repair Cost: <u>L/sum</u>                                                                                                                                           | S\$ <u>14,400.00</u> ( <u>15</u> days) Reduction: <u>59</u> %                | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <u>09/07/2021</u>                                                 | Confirm with <u>Elin</u>                                                           |
|                                                                                                                                                                     |                                                                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>                    | If NO or B 28, Ass. Lia : <u>100</u>                                               |
| Repair Cost:                                                                                                                                                        | S\$ <u>14,400.00</u>                                                         |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ <u>1,400.00</u> ( <u>14</u> days) <u>x\$100</u>                          |                                                                                    |
| 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 + LO <input type="checkbox"/> [Tick only one] |                                                                              |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$                                                                          |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                                          |                                                                                    |
| Disbursement:                                                                                                                                                       | S\$ <u>150.00</u> (e.g <input checked="" type="checkbox"/> Tow/Independent ) | 1) Claim status: Normal/Reject/Private Settle                                      |
| Legal Cost                                                                                                                                                          | S\$                                                                          | 2) Report Format: <u>TP</u>                                                        |
|                                                                                                                                                                     |                                                                              | 3) Survey fee: <u>\$600.00</u>                                                     |
| <b>Total:</b>                                                                                                                                                       | S\$ <u>15,950.00</u>                                                         | <b>Global Sum S\$: 15,850.00</b>                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                                   | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ <u>15,850.00</u>                                                         | 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:                                                                            |