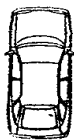


**ASSIGNMENT**Surveyor: MarcusDOI: 06/08/2021Date / Time : 06/08/2021Registered in Merimen: 06/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLW 2670P

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

Name of Insured : CHAN ROBERT

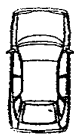
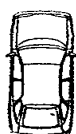
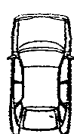
Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/08/2021

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**SKW 9336X →INSRS:  
WSP: **ZOOM**  
Tel : **AUTOWERKS**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                        | SKW 9336X : X ; SLW 2670P : 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>                |
|                                                                                                                   |                               |                                               | Notification ltr (if non-pickup)                              | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | After call ltr to OI:                                         | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Authorisation To Act:                                         | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Release Voucher:                                              | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Final Repair Bill:                                            | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Car Rental Invoice:                                           | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Towing Invoice                                                | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | LTA / GIA :                                                   | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Medical Bill:                                                 | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | PIR:                                                          | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Mandate/Reject Instruction:                                   | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | LOD                                                           | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Payment Breakdown Form:                                       | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Post-Repair Photos:                                           | <input type="checkbox"/>      |
|                                                                                                                   |                               |                                               | Others:                                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                         | Date/Time:                    | Sent By:                                      |                                                               |                               |
| <b>FINALIZATION</b>                                                                                               | Date/Time:                    | Confirm with:                                 | Confirm by:                                                   |                               |
| Repair Cost: <b>L/sum</b>                                                                                         | S\$ <b>6,100.00</b>           | ( <b>6</b> days) Reduction: <b>65</b> %       | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                           | Date/Time: <b>28/09/2021</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>6,100.00</b>           |                                               |                                                               |                               |
| Loss of Rental (LOR):                                                                                             | S\$ <b>800.00</b>             | ( <b>8</b> days) <b>x \$100.00</b>            |                                                               |                               |
| 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"/> |                               | <b>[Tick only one]</b>                        |                                                               |                               |
| GIA/LTA Search                                                                                                    | S\$ <b>36.45</b>              |                                               |                                                               |                               |
| Medical:                                                                                                          | S\$                           |                                               | 1) Claim status: Normal/ <del>Reject/Private Settlement</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>6,936.45</b>           | <b>Global Sum S\$: 6,900.00</b>               |                                                               |                               |
| <b>FINAL PAYMENT</b>                                                                                              | Date/Time:                    | Confirm with:                                 | Email <input checked="" type="checkbox"/>                     | Call <input type="checkbox"/> |
| Payee 1:                                                                                                          | S\$ <b>6,900.00</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:                                       |                                                               |                               |