

**ASSIGNMENT**

Surveyor: MARCUS DOI: 21/10/2021 Date / Time : 20/10/2021  
 Registered in Merimen: 20/10/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : YP 7720D Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 17/10/2021 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**

**SMP 3218G**



INSRS: \_\_\_\_\_  
 WSP: **Zoom Autowerks Pte Ltd.**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



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 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
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 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>SMP 3218G - X</b>		
	<b>YP 7720D - NA/AIG19019103/z4 ; 26.10.2019</b>	Non-Reporting ltr (1st):	
	<b>We have detected that there is already an active claim within 1 day of the Date of Loss.</b>	Non-Reporting ltr (2nd):	
	<b>SMP3218G Date of Loss: 17/10/2021 (OD)</b>	Non-Reporting ltr (Final):	
	<b>Insurer: MSIG Insurance (Singapore) Pte. Ltd.</b>	Notification ltr (if non-pickup):	
	<b>Please CONFIRM that this is NOT the same case you are creating.</b>	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>	<b>S\$ 5,700.00</b> ( 4 days) Reduction: <b>61</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>29/01/2022</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:	<b>S\$ 5,700.00</b>		
Loss of Rental (LOR):	<b>S\$ 600.00</b> ( 5 days) x <b>\$120.00</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"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	<b>S\$ 7.45</b>		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
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>	<b>S\$ 6,307.45</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	<b>S\$ 6,307.45</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:		