15/5/2010

INS. CASE OWNER: CC4/AIG21012473/Ugs3

LKK:

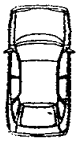
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 09/12/2021 Date / Time : 09/12/2021

Registered in Merimen: 09/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 4456J Claim No. :

Name of Insured : SOONG WEE LUN RAYMOND Policy No. :

Insured Tel No. : HP: Make / Model :

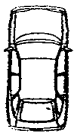
Excess Sec II :S$ D.O.A : 07/12/2021 Place of Accident : TRADEHUB 21 CARPARK

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

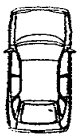
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

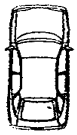
SMS 6113P → → →



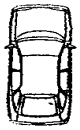
INSRS:
WSP: ZOOM AUTOWERKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMS 6113P : X ; SLC 4456J : X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	CLAIMANT: LOH GUO WEI	After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
	TPV: HYUNDAI ACCENT - 1368cc	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		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$ $4,000.00 (5 days)	Reduction: $15,250.60 % 79	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/02/2022	Confirm with ELIN	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,000.00		
Loss of Rental (LOR):	S$ 700.00 (7 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$ 2.00		
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: $320.00
Total:	**S$** 4,702.00	**Global Sum S$:** 4,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 4,700.00	Name 1:	Zoom Autowerks Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		