

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **16/03/2022** Date / Time : **16/03/2022**
Registered in Merimen: **16.03.2022**

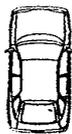
Pre-assign / CCU / FTE



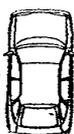
Insured Vehicle No. : **GBF 2789P** Claim No. : **2390543489SG**
Name of Insured : _____ Policy No. : **2070123410**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **15.03.2022 06:50** Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

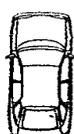
SMP 2761K



INSRS: **Zoom**
WSP: **Autowerks**
Tel : **Pte Ltd**
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 2761K -NA/CTI22002380/r3 ; 15/03/2022	Non-Reporting ltr (1st):	
	NA/LIP20004522/z4 ; 25/03/2020	Non-Reporting ltr (2nd):	
	GBF 2789P -CS/INC16018672/Kvbf2 ; 26/09/2016	Non-Reporting ltr (Final):	
	NA/CTI22002380/r3 ; 15/03/2022	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: CKS	
Repair Cost: L/S	S\$ 3,000.00 (4 days) Reduction: 79 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 29.06.22 Confirm with ELIN	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,000.00	OID HIT TP THE REAR OF TP STATIONARY VEHICLE	
Loss of Rental (LOR):	S\$ 600.00 (6 days) X \$100		
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	S\$ 2.00		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ 20.00 (PHV DECAL) (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 3,622.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 29.06.22 Confirm with: ELIN	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,622.00 Name 1: ZOOM AUTOWERKS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		