15/5/2010

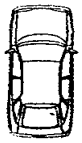
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22010524/Upa3 | LKK: IDAC: 288145

## ASSIGNMENT

Surveyor: MARCUS DOI: 25.10.2022 Date / Time : 25.10.2022

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLW 1656M Claim No. : S2M04DA6

Name of Insured : DONG HENG WATCH TRADING PTE LTD Policy No. : GA435416

Insured Tel No. : HP: Make / Model : Lexus NX300

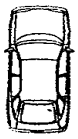
**Excess Sec II :S$** D.O.A : 20/10/2022 17:45 Place of Accident : Serangoon North Ave 4, Singapore

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

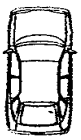
If **NO**, Driver Name / Age : TSE CHING WAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

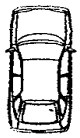
SMK 5369S → → →



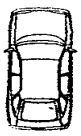
INSRS:
WSP: Zoom Autowerks
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| SMK 5369S - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By<br>NA/INC19015899/z4 09/09/2019 ANG SHIFU SMK 5369S SLN 9050E 06/09/2019 17/09/2019 HZT<br>NA/INC20013368/z4 04/12/2020 CEDRIC SIM CHEE KIAN SBU 1885Y SMK 5369S 01/12/2020 24/12/2020 HZT | **DATE / PIC** |
| | | Non-Reporting ltr (1st): |
| | | Non-Reporting ltr (2nd): |
| SLW 1656M - X | | Non-Reporting ltr (Final): |
| | | Notification ltr (if non-pickup): |
| | | Call OI: |
| | | After call ltr to OI: |

| **Documentation Check List:** | **Handler** | **Typist** |
|---|---|---|
| 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: | | |
| Post-Repair Photos: | | |
| Others: | | |

| | | | |
|---|---|---|---|
| **PRELIMINARY ADVICE** | Date/Time: | Sent By: | |
| **FINALIZATION** | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: | S$ ( days) | Reduction: % | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: | Confirm with | Email ☐ Call ☐ |
| Final Liability: | % (Agreed / Assessed) | BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ ($ x days) | | |
| Loss of Income (LOI): | S$ ($ x days) | | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ☐ [**Tick only one**] | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | | 3) Survey fee: |
| **Total:** | **S$** | **Global Sum S$:** | |
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☐ Call ☐ |
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |