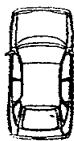


ASSIGNMENTSurveyor: MARCUSDOI: 08/11/2022Date / Time : 07/11/2022Registered in Merimen: 07/11/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKS 4883L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 04.11.2022 10:30

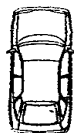
Place of Accident : _____

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**SLQ 7792UINSRS:
WSP: ZOOM
Tel : AUTOWEKR
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLQ 7792U	NBA/III22011083/Y ; 04.11.2022	Non-Reporting ltr (1st):	
	SKS 4883L	- NA/AIG19005623/z4 ; 29.03.2019	Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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: <u>L/Sum</u>	S\$ <u>3,500.00</u>	(<u>5</u> days) Reduction: <u>67</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>14/02/2023</u>	Confirm with <u>Elin</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>3,500.00</u>			
Loss of Rental (LOR):	S\$ <u>400.00</u>	(<u>4</u> days) @ \$100		
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\$ <u>7.45</u>			
Medical:	S\$		1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$500</u>	
Total:	S\$ <u>3,907.45</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>3,907.45</u>	Name 1: <u>ZOOM AUTOWERKS PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		