15/5/2010

INS. CASE OWNER: | CC4/AIS22011219/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS   DOI: 09/11/2022   Date / Time : 08/11/2022

Registered in Merimen: 09/11/2022

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMM 9886D	Claim No. :	
Name of Insured :	RICARDO LEE MING SHU	Policy No. :	SP2002790578-01
Insured Tel No. :	HP:	Make / Model :	Subaru Forester
Excess Sec II :S$	D.O.A : 06/11/2022 10:36	Place of Accident :	PIE (CHANGI) NEAR SIMEI EXIT
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**

SNH 1420G → SMM 9886D → SLC 4596M →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: WSP: Zoom Autowerks Pte Ltd Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SLC 4596M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CS/CTI19013556/Avd3n2 16/09/2019 SKU 8144A SLC 4596M 28/07/2019 17/09/2019 NVT~~ NA/CTI19013306/h4 29/07/2019 MR KUA WEIZHONG , GIBSON (KE WEI ZHONG) SLC 4596M SKU 8144A 28/07/2019 01/08/2019 LSH
SMM 9886D - X	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:	