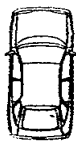


ASSIGNMENTSurveyor: **MARCUS**DOI: **10/1/2023**Date / Time : **10/01/2023**Registered in Merimen: **10/01/2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLG 4610J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **04/01/2023 11:48**

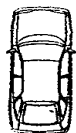
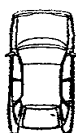
Place of Accident : _____

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****SLE 6894D**INSRS:
WSP: **ZOOM**
Tel : **AUTOWERKS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Stage	DATE / PIC
SLE 6894D	CS/SPF 17068808/T1q3e2 14/07/2017 SLE 6894D YM 3973H 18/04/2017 19/07/2017 SCY	Non-Reporting ltr (1st)	
NA/AIG23000104/d4 04/01/2023 SERENA WEE MEI YEN SLG 4610J SLE 6894D 04/01/2023 08/01/2023 NV/T		Non-Reporting ltr (2nd)	
NBA/LIP19006692/Y 15/04/2019 CHAN CHENG TECK SLN 7686J SLE 6894D 13/04/2019 20/04/2019 NV/T		Non-Reporting ltr (Final)	
SLG 4610J	NA/AIG23000104/d4 04/01/2023 SERENA WEE MEI YEN SLG 4610J SLE 6894D 04/01/2023 05/01/2023 NV/T	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: L/Sum	S\$ 1,300.00 (2 days) Reduction: 84 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/05/2023 Confirm with Elin	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 16	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,300.00		
Loss of Rental (LOR):	S\$ 200.00 (2 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\$		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 1,500.00 Global Sum S\$: 1,400.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,400.00 Name 1: ZOOM AUTOWERKS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

 1) Claim status: Normal/~~Reject/Private Settle~~
 2) Report Format: **TP**
 3) Survey fee: **\$320**