

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20.01.2023
 Registered in Merimen: 21.01.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9577Z Claim No. : _____
 Name of Insured : ZOOMTRADE PTE LTD Policy No. : SP2003171019
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 14/01/2023 19:40 Place of Accident : NORTH BRIDGE ROAD
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : LIM HAN JIANG ERIC OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SHA 2405C



INSRS:
WSP: CDGE
Tel : LOYANG
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	Created By	DATE / PIC
	SHA 2405C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date CC3/AIG11021778/H1a2a3q2 01/03/2012 SHA 2405C SJJ 8649X 20/10/2011 05/03/2012 HMK CC3/QBE15010228/H1na3q2 24/08/2015 SHA 2405C XD 5815C 18/06/2015 25/08/2015 BPT CS/TMI22010837/Lqy3q2 07/12/2022 SHA 2405C SNG 2639S 27/10/2022 07/12/2022 NMY CS3/ASM23000691/y3 20/01/2023 SMV 9577Z SHA 2405C 14/01/2023 NMY NS/INC20018846/R1qd3q2 26/01/2021 SHA 2405C GBJ 9089J 14/12/2020 26/01/2021 NMY	SHA 2405C	
	SMV 9577Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date CS3/ASM23000691/y3 20/01/2023 SMV 9577Z SHA 2405C 14/01/2023 NMY	SMV 9577Z	
		Documentation Check List:	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$ _____		2) Report Format:
Total:	S\$ _____ Global Sum S\$:		3) Survey fee:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		