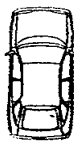


ASSIGNMENT

Surveyor: **MARCUS** DOI: **26.01.2023** Date / Time : **26.01.2023**
Registered in Merimen: **29.01.2023**

Pre-assign / CCU / FTE

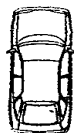
Insured Vehicle No. : **SMS 2311K** Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **23.01.2023 13:30** Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SMQ 8868S**

INSRS: **ZOOM**
WSP: **AUTOWERKS**
Tel : **PTE LTD**
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	Strike Created By	DATE / PIC
SMQ 8868S -	CS/EQI21010106/Uy3e2 17/01/2022 SMQ 8868S SGZ 6387A 23/09/2021 19/01/2022	Non-Reporting Ltr (1st):	
NA/FWD23000777/W 26/01/2023 Ting Boon Kiat SMQ 8868S SMS 2311K 23/01/2023 23/01/2023	Non-Reporting Ltr (2nd):		
SMS2311K -	NA/MSG21009977/r3 24/09/2021 TING BOON KIAT SMQ 8868S SGZ 6387A 23/09/2021	Non-Reporting Ltr (Final):	
NA/FWD23000777/W 26/01/2023 Ting Boon Kiat SMQ 8868S SMS 2311K 23/01/2023 23/01/2023	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\$ 2,700.00	(3 days) Reduction: 77 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/07/2023	Confirm with Elin	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,700.00		
Loss of Rental (LOR):	S\$ 750.00	(5 days) @ \$150	
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\$ 33.00		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$320
Total:	S\$ 3,483.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 3,483.00	Name 1: ZOOM AUTOWERKS PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	