INS. CASE OWNER: | CC 4/ASM /AXA1800 9297, 9 [illegible] s3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ | DOI: 22/05/2018 | Date / Time: M5/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 5727M | Claim No. : S8M00HIA/46805

Name of Insured : KRISHNA SADASHIV | Policy No. : VA11GA117017

Insured Tel No. : | HP: 90086435 | Make / Model : MERCEDES

Excess Sec II :S$ | D.O.A : 13/5/18 | Place of Accident : SCOTTS RD OUTSIDE OF GRAND MYATT HOTEL

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**

SJS 8480B →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MG Solution	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJS 8480B - X SKU 5727M - X
23/5/18 vivian	@ smartclaim
8/5/19	email workshop liability voucher.
30/4/2020	Pls refer to VIEW for details.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	8/5/19
After call ltr to OI:	Vivian

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$ 2700.00 (5 days) Reduction: 74 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30/4/2020 Confirm with Sharon Email ☐ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL. | If NO or B 28, Ass. Lia :

Repair Cost: WSP 2889.00 S$ 1444.50.

Loss of Rental (LOR): S$ — (— days)

Loss of Use (LOU): 360 S$ 180.00 ($ 60 x 6 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 29.00

Medical: S$ — | 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ — (e.g. Tow/ Independent) | 2) Report Format: Cp

Legal Cost S$ — | 3) Survey fee: $350.00

Total: S$** 1653.50 **Global Sum S$: 1500.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: S$ 1500.00 Name 1: MG Solution Pte Ltd

Payee 2: (Strike if N.A.) S$ Name 2:

Name 3: