CC 6/CTL.1801 2654, AHL39 LKK:
IDAC:

INS. CASE OWNER:

Surveyor: Adrian. DOI: **ASSIGNMENT** W/7/18 Date / Time: 24/7/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.: WC 6539K Claim No.: SWM18D0076VPLOV ✓

Name of Insured: GARY ENGINEERING PLL Policy No.: VMCKGN17598D1700

Insured Tel No.: ____ HP: ____ Make / Model: ISUZU.

Excess Sec II :S$ ____ D.O.A.: 21/7/18 Place of Accident: SHEARES AVE

Is driver the owner? (YES / NO) Nature of Accident: ____

If NO, Driver Name / Age: THAMILARASAN VIJAYAKUMESH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

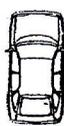Driver Tel No.: ____ (V/L: YES / NO) Insured Liability: ____ % Final ? Yes / No

SGG 9981P →

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

Date/ Time		STAGE	DATE / PIC
21/8/18	SGG 9981P - X WC 6539K - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	- FINALISED	Non-Reporting ltr (Final):	
	- TP LOD IN BY EMAIL	Notification ltr (if non-pickup):	
TTM	- TP VIDEO IN. ✓ V/VIC SGG 9981P	Call OI:	
		After call ltr to OI: 22/08/19 -VK	
22/08/19	- MW REVIEWED. OIO REPORTED NOT	Documentation Check List: Handler Typist	
	INVOLVED IN THIS ACCIDENT.	Notification ltr (if non-pickup): ☐ ☐	
	- REQUESTED EVIDENCE FROM TP	After call ltr to OI: ☑ ☐	
		Authorisation To Act: ☑ ☐	
	- TYPE REPORT FIRST.	Release Voucher: ☑ ☐	
	- REPORT DONE	Final Repair Bill: ☑ ☐	
11/09/19	- SEEK MANDATE APPROVAL TO OTI	Car Rental Invoice: ☐ ☐	
	- OTI APPROVED MANDATE	Towing Invoice: ☐ ☐	
	- SEND 1ST OFFER TO TP.	LTA / GIA: ☑ ☐	
18/11/19	- TP ACCEPTED OFFER.	Medical Bill: ☐ ☐	
	- LU 5000 IN ORDER.	PIR: ☐ ☐	
	- TO CLOSE.	Mandate/Reject Instruction: ☑ ☐	
		LOD: ☑ ☐	
		Payment Breakdown Form: ☐ ☐	

PRELIMINARY ADVICE Date/Time: 01/07/19	Sent By: JOY	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: LS S$ 3,400.00 (5 days)	Reduction: 6%		Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time: 18/11/19	Confirm with: SU WONG	Email ☑ Call ☐	
Final Liability: % 100 (Agreed / Assessed)	BOLA S/N No.: NIL	If NO or B 28, Ass. Lia:	
Repair Cost: (WI GST) S$ 3,638.00			
Loss of Rental (LOR): S$ — (days)		TP VIDEO IN. OIO ENCROACHED	
Loss of Use (LOU): S$ 400.00 (S 80 x 5 days)		LANE	
Loss of Income (LOI): S$ — (S x days)			
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S$ 7.45			
Medical: S$ —		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S$ — (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost S$ —		3) Survey fee: $ 400.00	
Total: S$ 4,045.45	**Global Sum S$:** —		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S$ 4,045.45	Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.) S$ —	Name 2: —		
Payee 3: (Strike if N.A.) S$ —	Name 3: —		