

15/5/2010

INS. CASE OWNER:

DORSAH

CC 6/AIG1900

6747

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

15/4/19

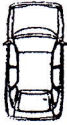
Date / Time :

15/4/19

Registered in Merimen:

16/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBF 5469T

Claim No. :

17986 070359G

Name of Insured :

YIN Sun Food & Snacks International Trading Co. Ltd.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

11/4/19

Place of Accident :

Is driver the owner?

(YES) (NO)

Nature of Accident :

If NO, Driver Name / Age :

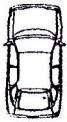
Driver Tel No. :

(V/L) (YES) (NO)

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

Insured Liability : % Final ? Yes / No

SJS 917111



INSRS:

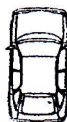
WSP:

Tel :

Liability :

RMKS:

MG SOLUTION



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SJS 917111 - x	Non-Reporting ltr (1st):	22/07/19 / 11/07/2019
	GBF 5469T - x	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	21/07/19 - UK
		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:	40	\$S 4,000.00 (6 days) Reduction:	53 %
FINAL SETTLEMENT	Date/Time:	Confirm with:	Confirm by:
Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No. :	27
Repair Cost:	(Calculated)	\$S 4,280.00	
Loss of Rental (LOR):	\$S	(days)	
Loss of Use (LOU):	\$S	480.00 x 8 (days)	
Loss of Income (LOI):	\$S	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$S	7.45	
Medical:	\$S	-	
Disbursement:	\$S	-	
Legal Cost	\$S	-	
Total:	\$S	4,767.45	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:
Payee 1:	\$S	4,767.45	Name 1: MG SOLUTION PTB LTD
Payee 2: (Strike if N.A.)	\$S	-	Name 2: -
Payee 3: (Strike if N.A.)	\$S	-	Name 3: -