15/5/2010

INS. CASE OWNER: CC6 /CTI1901 7178 , AKGH

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 20/9/19 Date / Time : 20/9/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 3167K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/9/19 Place of Accident :

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**

SKR5235G → → → →

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

Date/ Time	
	SKR5235G - T GBG3167K - T

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
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/S	S$ 4,700.00 (6 days)	Reduction: 4,524.46/49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/7/2020	Confirm with WONG	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST)	S$ 5,029.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[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: TP
Legal Cost	S$		3) Survey fee: $ 400
Total:	S$ 5,396.45	Global Sum S$: 5,390.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ 5,390.00	Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: | REF:

ASSIGNMENT

From: | Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: | days | Res.: Yes or No

Lum Sum: | % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SKR5235G. Yr Regn: 2015 / Feb.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Nissan Slyphy. c.c 1598

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 88898 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBAB17Z0022135

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16.

R: 205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	30/09/19.

Survey held at MG Solution.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP China
	MV : 51K
	PV : A1.1K
	Nett : 8.9K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	