15/5/2010

INS. CASE OWNER: FOO CHAY YAN | CC 6/AIG1901 8419, A463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 17/10/19 Date / Time : 17/10/19

Registered in Merimen: 18/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMF 6G06H Claim No. : G1961342475G

Name of Insured : JAYAMOHAN S/O JEYA UTHAMORIAN Policy No. :

Insured Tel No. : HP: Make / Model : MAZDA

Excess Sec II :S$ D.O.A : 16/10/19. Place of Accident : AYE

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**

SMF 407H → → →

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

Date/ Time	
	SMF 407H } NH/TM16018M45/64 DOA: 16/10/19
	SMF 6G 06H }
31/10/19	- PLUS REVIEWED. OI REAR-ENDED TP.
	- SEND LETTER & EMAIL TO OI.
	- FINALISED
	- OI WANTS TO KNOW FINAL CLAIM
	- FINALISED
	- TP LOD IN BY EMAIL
	- UPLOAD LA IN CHECKLIST
10/12/19	- MG APPROVED WMANDATE
	- SEND 1ST OFFER TO TP.
11/12/19	- TP ACCEPTED OFFER.
	- ALL DOCS IN ORDER.
	- TO CLOSE

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:	31/10/19 - VIC

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/G S$ 5,300.00 (6 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/12/19 Confirm with SW WONG Email / Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/OST)	S$ 5,071.00	CO REAR-ENDED TP
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 320.00 ($ 80 x 7 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:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 6,238.45 **Global Sum S$:** —	

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

Payee 1:	S$ 6,238.45	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—