

INS. CASE OWNER:

FOO CHAI YAN

CC 6/AIG1901

8419, A 663

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

17/10/19

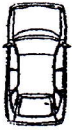
Date / Time:

17/10/19

Registered in Merimen:

18/10/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMF 6506H

Claim No.:

G196134279G

Name of Insured:

JAYANDRAN S/O JAYA MANDELAR

Policy No.:

Insured Tel No.:

HP:

Make / Model:

MAZDA

Excess Sec II :S\$

D.O.A.:

16/10/19

Place of Accident:

MYE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

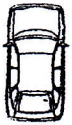
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMF 4071H



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
	SMF 4071H	Non-Reporting ltr (1st):	
	SMF 6506H	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
21/10/19	- FILE REQUIRING. OI REPR-ENDED TP. SEND LETTER BY EMAIL TO OI.	Call OI:	
	- FINALISED	After call ltr to OI:	21/10/19 - 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:

L6

S\$ 5,300.00

(6 days) Reduction:

49

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/12/19

Confirm with

SU WONG

Email

Call

Final Liability:

100

(Agreed / Assessed) BOLA S/N No.:

17

If NO or B 28, Ass. Lia:

Repair Cost: (w/est)

S\$ 5,671.00

(CORREKT-ENDED TP)

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

520.00 (\$ 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\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

-