15/5/2010

INS. CASE OWNER: CC6 /AIG1901 916V, AWB3

LKK:

IDAC:

Surveyor: Adrian

ASSIGNMENT

DOI: 28/10/19

Date / Time : 28/10/19

Registered in Merimen: 30/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJX 2848M

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/10/19.

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 9003415352SG

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SGD 9312L →

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

Date/ Time	
	SGD9312L - L SJX 2848M - A
	SETTLED AND CLOSED

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:	X	
Authorisation To Act:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :	X	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	X	
LOD	X	
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$ 5,600.00 (3 days) Reduction: 41.04 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 08/05/2020 Confirm with SHARON Email [X] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5,992.00	
Loss of Rental (LOR):	S$ - (days)	OI REVERSED
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only [ ] LOU only [X] 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: $320.00
Total:	S$ 6,299.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 6,299.45	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-

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: SGD93121 Yr Regn: 2015 Jan.

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

Truck / Trailer or

Make: BMW 420i MSport. c.c 1997

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

Sp.Reading 87066 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA4A120106K06028

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R19.

R: 225/40R19.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	29/10/19

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
	TPAIG.
	L/S = $5600
	R = $8044.01/ 41.04%
	MV :
	PV :
	Nett.

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:	
___$ + PS.___SI	
Photos	
Others	
TOTAL	