15/5/2010

INS. CASE OWNER:

CC6/QBE19020956/Ada3

LKK:

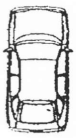
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 25.11.2019 Date / Time : 25.11.2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 3427R Claim No. :

Name of Insured : MASSARAH BINTE PASUKIE Policy No. :

Insured Tel No. : HP: Make / Model :

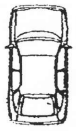
Excess Sec II :S$ D.O.A : 20.11.2019 18:25 Place of Accident : TPE > PIE

Is driver the owner? (YES / NO) Nature of Accident :

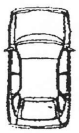
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

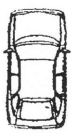
GZ 2918U → → →



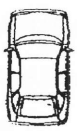
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GZ 2918U - NA/INC18008641/z4 ; DOA: 10.5.18	Non-Reporting ltr (1st):	
	SKG 3427R - X	Non-Reporting ltr (2nd):	
12/2 3.54pm	spoke to OI. OI hit TP from behind. Informed	Non-Reporting ltr (Final):	
	TP claim & owns NCD offered LOR letter sent	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI: 7/2/2 JL	

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: S$ 2000.00 (5 days) Reduction: 83 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/9/2020 Confirm with Ms Wong Email / Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S$ 2140.00 OLD rear-ended TP.

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 720.00 ($ 120 x 6 days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ☐ LOU only / LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ -

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$ 2860.00** **Global Sum S$:**

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

Payee 1:	S$ 2860.00	Name 1:	MG Solution Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	