

15/5/2010

INS. CASE OWNER:

Limal Tan | CC 4 / FWD190 21624 / A pa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

10/12/19

Date / Time :

6/12/19

Registered in Merimen:

9/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 5908 Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 29/11/2019

Place of Accident : _____

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

GBE 4484 K

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
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
13/04/2020	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	\$ 3,050.00	(6 days) Reduction: 61 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 13/04/2020	Confirm with: Su Wong	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$ 3,263.50			
Loss of Rental (LOR):	\$ (days)			
Loss of Use (LOU):	\$ 720.00 (\$ 90 x 8 days)			
Loss of Income (LOI):	\$ (\$ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]		
GIA/LTA Search	\$ 7.45			
Medical:	\$			
Disbursement:	\$ (e.g. Tow/ Independent)			
Legal Cost	\$			
Total:	\$ 3,990.95	Global Sum \$: 3,990.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	\$ 3,990.00	Name 1: MG Solution Pte Ltd		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

1) Claim status: Normal/TP
 2) Report Format: TP
 3) Survey fee: \$500.00