

INS. CASE OWNER:

CC<sup>6</sup> /AIG190 21914, Add<sup>3</sup> 9/2

LKK:  
IDAC:

Surveyor:

Admin

DOI:

ASSIGNMENT  
11/12/19

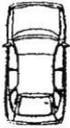
Date / Time:

11/12/19

Registered in Merimen:

12/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 6803K

Claim No. : \_\_\_\_\_

Name of Insured : FIE ULMBE INT

Policy No. : 1800102146

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : KIA

Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : 11/12/19

Place of Accident : PIE TMS TMS

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

If NO, Driver Name / Age :

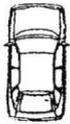
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SLT 2897T



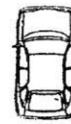
INSRS: MG  
WSP: solution  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SLT 2897T	Non-Reporting ltr (1st):	
SMD 6803K	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
21/2/2020	Call OI:	
	After call ltr to OI:	
25/8/2020	Documentation Check List:	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: S\$ 5800.00 ( 6 days) Reduction: 45 % Email  Call

**FINAL SETTLEMENT** Date/Time: 25/8/2020 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/LOS) S\$ 6206.00

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

Loss of Use (LOU): S\$ 700.00 (\$ 100 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: TP  
3) Survey fee: \$320

**Total:** S\$ 6913.45 **Global Sum S\$:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 6913.45 Name 1: MG Solution Pte Ltd

Payee 2: (Strike if N.A.) S\$ Name 2: \_\_\_\_\_

Payee 3: (Strike if N.A.) S\$ Name 3: \_\_\_\_\_