

INS. CASE OWNER:

CC6/CT120000605/Ab3a3n2

IKK:  
IDAC:

Surveyor: ADRIAN

ASSIGNMENT  
DOI: 08/01/2020

Date / Time: 08/01/2020  
Registered in Merimen: 09/01/2020

Pre-assign / CCU / FTR



Insured Vehicle No. : YP 193X

Claim No. : SNM 200200132

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \$ \_\_\_\_\_ D.O.A : 07/01/2020 10:30

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age : \_\_\_\_\_

Driver Tel No. : \_\_\_\_\_

(V/L:  YES / NO)

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SMC 7832A



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



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	SMC 7832A - X	YP 193X - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>21/01/2020</u>	FILE REVIEWED. TP REPORTED OI VEHICLE ROLLED BACKWARDS. OI REPORTED NOT AWARE OF ACCIDENT & BOTH PARTIES AGREED NO DAMAGES OBSERVED.		Call OI:	<u>7B/2 JL</u>
	- MAIL TO TP TO GET EVIDENCE.		After call ltr to OI:	
	- FINALEED		Documentation Check List:	Handler Typist
	- TP REPORT WHILE PENDING EVIDENCE		Notification ltr (if non-pickup)	<input type="checkbox"/>
	- REPORT DONE		After call ltr to OI:	<input checked="" type="checkbox"/>
	- TP VIDEO IN. V/VIC/SMC 7832A		Authorisation To Act:	<input checked="" type="checkbox"/>
	- OI ROLLED BACK		Release Voucher:	<input checked="" type="checkbox"/>
	- FORWARDED VIDEO TO OI		Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LT / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<u>14/2/2020</u>	- call & shift mentioned loss not avail. proceed to just send the letter to OI.			
<u>2/3/2020</u>	- finally signed DV.			
<u>15/7/2020</u>	- settled & closed.			

PRELIMINARY ADVICE Date/Time: 05/02/2020 Sent By: VIC

<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>45</u>	\$ \$ <u>2,200.00</u> ( <u>3</u> days) Reduction: <u>57</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>13/07/2020</u> Confirm with <u>MS WING</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia : <u>COI VEHICLE ROLLED BACK</u>
Repair Cost: (V/gst)	\$ \$ <u>2,354.00</u>		
Loss of Rental (LOR):	\$ \$ _____ ( _____ days)		
Loss of Use (LOU):	\$ \$ <u>240.00</u> (\$ <u>60</u> x <u>4</u> days)		
Loss of Income (LOI):	\$ \$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$ \$ <u>7.45</u>		1) Claim status: <u>Normal</u> / Reject/Private Settle
Medical:	\$ \$ _____ (e.g. Tow/Independent)		2) Report Format: <u>TP</u>
Disbursement:	\$ \$ _____		3) Survey fee: <u>\$ 400.00</u>
Legal Cost	\$ \$ _____		
<b>Total:</b>	\$ \$ <u>2,601.45</u> Global Sum \$ \$: <u>2,600.00</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:
Payee 1:	\$ \$ <u>2,600.00</u>	Name 1: <u>MG SOLUTION PTE LTD</u>
Payee 2: (Strike if N.A.)	\$ \$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	\$ \$ _____	Name 3: _____