

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 30/01/2020

Date / Time : 30/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 2161B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 28/01/2020 13:45

Place of Accident : JUNC OF TAMPINES AVENUE 5 / 6

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

SMM 7338H

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

Date/ Time	GBA 2161B - X	SMM 7338H - X	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:	☒ ☐
			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\$ 3,700.00	(5 days) Reduction: 53 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 14/07/2020	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\$ 3,959.00			
Loss of Rental (LOR):	S\$ 840.00	(7 days) x \$120		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.45		1) Claim status: Normal/ Rejected/ Pending/ Settled	
Medical:	S\$ -		2) Report Format: TP	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	3) Survey fee: \$400	
Legal Cost	S\$ -			
Total:	S\$ 4,806.45	Global Sum S\$:	Email ☐	Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:		
Payee 1:	S\$ 4,806.45	Name 1: MG Solution Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		