

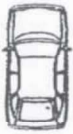
INS. CASE OWNER:

ASSIGNMENT

b

Surveyor: ADRIANDOI: 11/02/2020Date / Time: 11/02/2020Registered in Merimen: 12/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 7667SClaim No. : 3260703525SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/02/2020

Place of Accident : _____

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

SGV 8422PINSRS:
WSP: MG
Tel : SOLUTION
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGV 8422P - CC3/CAI14003566/Esb3q2; DOA : 22.02.14	Non-Reporting ltr (1st):	
	CS/CAI14003721/Dtbbk3; DOA : 22.02.14	Non-Reporting ltr (2nd):	
	SKK 7667S - X	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)	<input checked="" 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 checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
24/09/2020	SETTLED AND CLOSED / FILE IN DRAWER		

PRELIMINARY ADVICE Date/Time:		Sent By:		STAGE		DATE / PIC	
FINALIZATION Date/Time:		Confirm with:		Confirm by:			
Repair Cost: <u>L/S</u>	S\$ <u>4,200.00</u>	(<u>7</u> days) Reduction: <u>70</u> %		Email <input type="checkbox"/>	Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>09/09/2020</u>		Confirm with: <u>MS WONG</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>		
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :			
Repair Cost: (W/GST)	S\$ <u>4,494.00</u>			OI rear-ended TP			
Loss of Rental (LOR):	S\$ _____	(_____ days)					
Loss of Use (LOU):	S\$ <u>480.00</u>	(\$ <u>60</u> x <u>8</u> days)					
Loss of Income (LOI):	S\$ _____	(\$ _____ 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	S\$ <u>7.45</u>						
Medical:	S\$ _____			1) Claim status: <u>Normal/Reject/Private Settle</u>			
Disbursement:	S\$ _____	(e.g. Tow/ Independent)		2) Report Format: <u>TP</u>			
Legal Cost	S\$ _____			3) Survey fee: <u>\$320.00</u>			
Total:	S\$ <u>4,981.45</u>	Global Sum S\$:					
FINAL PAYMENT Date/Time:		Confirm with:		Email <input type="checkbox"/>	Call <input type="checkbox"/>		
Payee 1:	S\$ <u>4,981.45</u>	Name 1:	<u>MG SOLUTION PTE LTD</u>				
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:					
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:					