15/5/2010

INS. CASE OWNER: CC4 / FWD20003756 / Ap93

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 9/3/2020 Date / Time : 9/3/2020

Registered in Merimen: 9/3/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 7008B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 6/3/2020 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**

SLK 968H →

INSRS:
WSP: MG Solution
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLK 968H - CC6/AIG18015711/Ap93/2 DOA: 23/8/19
	- NA/AIG18015447/13 DOA: 23/8/19
	- NA/TM120003131/24 DOA: 6/3/20
	SLQ 7008B - NA/TM120003737/24 DOA: 6/3/20
28/05/2020	Pls refer to Views for details.

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: L/sum	S$ 6,600.00 (7 days)	Reduction: 59 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/05/2020	Confirm with Sharon	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 7,062.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 540.00 ($ 60 x 9 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		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $500.00
Total:	S$ 7,609.45	**Global Sum S$:** 7,600.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7,600.00	Name 1: MG Solution Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	