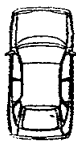


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

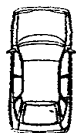
Insured Vehicle No. : **SMS 4063M** Claim No. : **7544451555SG**
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : _____ Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

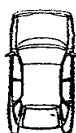
Driver Tel No. :

(V/L: YES / NO)

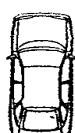
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SLF 1819A** →

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | After call ltr to OI: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| 01/10/2020 | SETTLED AND CLOSED / FILE IN DRAWER | LTA / GIA : | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|--|---|---|---|
| FINALIZATION | Date/Time: _____ | Confirm with: _____ | Confirm by: _____ |
| Repair Cost: P/P | S\$ 1,695.27 (3 days) Reduction: 31 % | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: 29/09/2020 | Confirm with MS WONG | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 23 | If NO or B 28, Ass. Lia : | |
| Repair Cost: (W/GST) | S\$ 1,813.94 | | |
| Loss of Rental (LOR): | S\$ _____ (_____ days) | OI hit parked TP | |
| Loss of Use (LOU): | S\$ 300.00 (\$100 x 3 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\$ _____ | | |
| Medical: | S\$ 7.45 | 1) Claim status: <u>Normal</u> /Reject/Private Settle | |
| Disbursement: | S\$ _____ (e.g. Tow/ Independent) | 2) Report Format: TP | |
| Legal Cost | S\$ _____ | 3) Survey fee: \$320.00 | |
| Total: | S\$ 2,121.39 | Global Sum S\$: | |
| FINAL PAYMENT | Date/Time: _____ | Confirm with: _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ 2,121.39 | Name 1: MG Solution Pte Ltd | |
| Payee 2: (Strike if N.A.) | S\$ _____ | Name 2: _____ | |
| Payee 3: (Strike if N.A.) | S\$ _____ | Name 3: _____ | |