

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/06/2020 Date / Time : 11/06/2020
 Registered in Merimen: 11/06/2020

Pre-assign / CCU / FTE

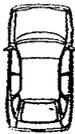


Insured Vehicle No. : SKU 8187B Claim No. : _____
 Name of Insured : LOH SIN YEEN Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : MERCEDES-BENZ C200-2.0 AMG (A)
 Excess Sec II :S\$ _____ D.O.A : 10/06/2020 Place of Accident : ALONG YIO CHU KANG RD
 Is driver the owner? (YES / **NO**) Nature of Accident : BEFORE BUANGKOK GREEN
 If **NO**, Driver Name / Age : SEAN LOH ITT KHYN OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO
 Driver Tel No. : _____ (V/L: **YES** / NO) Insured Liability : _____ % **Final ? Yes / No**

SMP 1674K



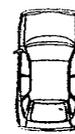
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



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WSP:
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RMKS:



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RMKS:



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RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 1674K - X	Non-Reporting ltr (1st):	
	SKU 8187B - X	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 type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input 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: L/S	S\$ 1400.00 (4 days) Reduction: 4829.78 % 77	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 30/12/2020 Confirm with SU	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1498.00 W/GST		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 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\$ 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\$ 1805.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 1805.45	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	