

ASSIGNMENT

Surveyor:

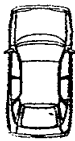
ADRIAN

DOI: 18/06/2020

Date / Time : 17/06/2020

Registered in Merimen: 18/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 4858E

Claim No. : 1202000018527

Name of Insured : Zhang Yongkang Nicholas

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/06/2020

Place of Accident : CTE NEAR EXIT 1A

Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SJ P 5205P

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

Date/ Time																																			
	SJP 5205P - X	SJH 4858E - 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: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td></tr> </tbody> </table>	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:	☐
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03/09/2020	Pls refer to VIEWS for details.																																		
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																			
Repair Cost: L/sum	S\$ 2,100.00	(4 days) Reduction: 44 %	Email ☐ Call ☐																																
FINAL SETTLEMENT Date/Time: 03/09/2020 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\$ 2,247.00																																		
Loss of Rental (LOR):	S\$ _____	(_____ days)																																	
Loss of Use (LOU):	S\$ 360.00	(\$ 60 x 6 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\$ 2,614.45	Global Sum S\$:																																	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐																																			
Payee 1:	S\$ 2,614.45	Name 1:	MG Solution Pte Ltd																																
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:																																	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:																																	