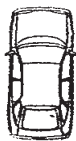


ASSIGNMENTSurveyor: ADRIANDOI: 01.07.2020Date / Time : 01.07.2020Registered in Merimen: 02.07.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBD 288SClaim No. : 4681470446SGName of Insured : SCT HOLDINGS ELECTRICAL PTE LTDPolicy No. : 2100371760

Insured Tel No. : _____ HP: _____

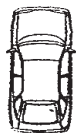
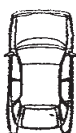
Make / Model : TOYOTA dynaExcess Sec II :S\$ _____ D.O.A : 30/06/2020Place of Accident : SIMS AVE

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

If NO, Driver Name / Age : LUM WAI CHONG

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMS 2835R**INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMS 2835R		
	GBD 288S	NA/AIG20006835/h4 ; 30.06.2020	
		- NA/AIG15015187/d2 ; 05.09.2015	
		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: <u>L/sum</u>	S\$ <u>11,000.00</u> (<u>8</u> days) Reduction: <u>47</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>09/04/2021</u> Confirm with <u>Sharon</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>11,770.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>500.00</u> (\$ <u>50</u> x <u>10</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ <u>7.45</u>	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ <u>50.00</u> (e.g. <u>Tow</u> / independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>12,327.45</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>12,327.45</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:	