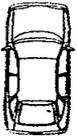


ASSIGNMENT

Surveyor:

TAUFIKHDOI: **31/08/2020**Date / Time : **28/07/2020**Registered in Merimen: **28/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFC 1860R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/07/2020 11:00**

Place of Accident : _____

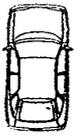
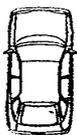
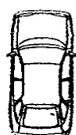
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SKW 1219D**INSRS:
WSP: **WOON MENG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKW 1219D - NA/MSG16000159/d2 ; 05.01.2016	Non-Reporting ltr (1st):	
	SFC 1860R - NA/FCI09003347/r ; 12/02/2009	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Notification ltr (if non-pickup):	
	SKW1219D Date of Loss: 26/07/2020 (OD)	Call OI:	
	Insurer: MSIG Insurance (Singapore) Pte. Ltd.	After call ltr to OI:	
		Documentation Check List: Handler Typist	
	Please CONFIRM that this is NOT the same case you are creating.	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 1485.19	(3 days) Reduction: 530.00	% 26
			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 01/02/2021	Confirm with IRENE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1589.15	W/GST	
Loss of Rental (LOR):	S\$	(days)	
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\$ 2.00		
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$320.00
Total:	S\$ 1891.15	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1891.15	Name 1: WOON MENG MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	