

ASSIGNMENTSurveyor: ADRIANDOI: 27/07/2020Date / Time : 27/07/2020Registered in Merimen: 28/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBF 1742E

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$                      D.O.A : 25/07/2020 16:15

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**SKZ 4422Y →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                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | SKZ 4422Y - NA/CTI19004054/r3 ; 03/03/2019              |                                                              |                                                   |
|                                                                                                                                                                      | GBF 1742E - X                                           | Non-Reporting ltr (1st):                                     |                                                   |
|                                                                                                                                                                      |                                                         | Non-Reporting ltr (2nd):                                     |                                                   |
|                                                                                                                                                                      |                                                         | Non-Reporting ltr (Final):                                   |                                                   |
|                                                                                                                                                                      |                                                         | Notification ltr (if non-pickup):                            |                                                   |
|                                                                                                                                                                      |                                                         | Call OI:                                                     |                                                   |
|                                                                                                                                                                      |                                                         | After call ltr to OI:                                        |                                                   |
|                                                                                                                                                                      |                                                         | <b>Documentation Check List:</b>                             | <b>Handler      Typist</b>                        |
|                                                                                                                                                                      |                                                         | 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"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                         | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____                    | Confirm by: <u>LWP</u>                                       |                                                   |
| Repair Cost: <u>L/S</u> S\$ <u>5,500.00</u> ( <u>7</u> days) Reduction: <u>54</u> %                                                                                  |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>03.12.20</u> Confirm with: <u>SU WONG</u> | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| 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>5,885.00</u>                                                                                                                        |                                                         | <u>OID REAR ENDED TP</u>                                     |                                                   |
| Loss of Rental (LOR): S\$ <u>-</u> ( <u>      </u> days)                                                                                                             |                                                         |                                                              |                                                   |
| Loss of Use (LOU): S\$ <u>540.00</u> (\$ <u>60</u> x <u>9</u> days)                                                                                                  |                                                         |                                                              |                                                   |
| Loss of Income (LOI): S\$ <u>      </u> (\$ <u>      </u> x <u>      </u> 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\$ <u>7.45</u>                                                                                                                                       |                                                         |                                                              |                                                   |
| Medical: S\$ <u>-</u>                                                                                                                                                |                                                         | 1) Claim status: Normal/ <del>Reject/Private Settle</del>    |                                                   |
| Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent )                                                                                                                  |                                                         | 2) Report Format: <u>TP</u>                                  |                                                   |
| Legal Cost S\$ <u>-</u>                                                                                                                                              |                                                         | 3) Survey fee: <u>\$320</u>                                  |                                                   |
| <b>Total:</b> S\$ <u>6,432.45</u>                                                                                                                                    | <b>Global Sum S\$:</b>                                  |                                                              |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: <u>03.12.20</u> Confirm with: <u>SU WONG</u> | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1: S\$ <u>6,432.45</u>                                                                                                                                         | Name 1: <u>MG SOLUTION PTE LTD</u>                      |                                                              |                                                   |
| Payee 2: (Strike if N.A.) S\$ <u>      </u>                                                                                                                          | Name 2: <u>      </u>                                   |                                                              |                                                   |
| Payee 3: (Strike if N.A.) S\$ <u>      </u>                                                                                                                          | Name 3: <u>      </u>                                   |                                                              |                                                   |