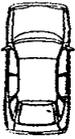


ASSIGNMENT

CC6/CTI20007996/Apa3q2

Surveyor: ADRIAN DOI: 03/08/2020 Date / Time : 03/08/2020
 Registered in Merimen:

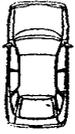
Pre-assign / CCU / FTE



Insured Vehicle No. : ES 9120T Claim No. :
 Name of Insured : Policy No. :
 Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 29/07/2020 15:40 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**

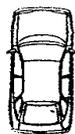
SJT 5965J



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
	SJT 5965J - X	Non-Reporting ltr (1st):	
	ES 9120T - CC4/AIG14015231/K1pa3w2 ; 07/08/2014	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
05/02/2021	Pls refer to VIEWS for details.	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: <u> </u> Sent By: <u> </u>	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: <u> </u> Confirm with: <u> </u>	Confirm by:	<u> </u>
Repair Cost: L/sum	S\$ 6,600.00 (6 days) Reduction: 52 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 05/02/2021 Confirm with Sharon	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9D	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 7,062.00		
Loss of Rental (LOR):	S\$ <u> </u> (<u> </u> days)		
Loss of Use (LOU):	S\$ 480.00 (\$ 60 x 8 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\$ 29.00		
Medical:	S\$ <u> </u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ 50.00 (e.g. Tow/Independent)	2) Report Format:	TP
Legal Cost	S\$ <u> </u>	3) Survey fee:	\$400.00
Total:	S\$ 7,621.00	Global Sum S\$:	7,620.00
FINAL PAYMENT	Date/Time: <u> </u> Confirm with: <u> </u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 7,620.00	Name 1:	MG Solution Pte Ltd
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>