

INS. CASE OWNER:

CC6 / CTI 2000 9708 / Ars3q2

LKK:
IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 09/09/2020Date / Time : 10/09/2020Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJK 6249J

Claim No. : _____

Name of Insured : TODDS PARTNERS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 05/09/2020

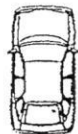
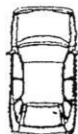
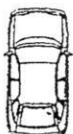
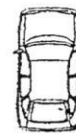
Place of Accident : _____

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

If NO, Driver Name / Age :

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

Insured Liability : _____ % Final ? Yes / No

SJR 3857L →INSRS:
WSP: MG SOLUTION
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SJR 3857L : X		STAGE	DATE / PIC
	SJK 6249J : CS/TSI15003727/Ggy3d1 ; DOA : 28/02/2015		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 9,000.00	(11 days) Reduction: 47 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 24/12/2020	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:	S\$ 9,630.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 650.00 (\$ 50 x 13 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 ☒ Private ☐	
Disbursement:	S\$ 60.00	(e.g. ☒ Tow/ independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 400.00	
Total:	S\$ 10,347.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 10,347.45	Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		