15/5/2010

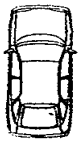
INS. CASE OWNER: LOH Cynthia 6568804843 | CC4/ASM20009907/Apa3 | LKK: IDAC: 180705

ASSIGNMENT

Surveyor: ADRIAN DOI: 15/09/2020 Date / Time : 14/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SFV 681Y Claim No. : S0M02TO2

Name of Insured : NEXT ESSENTIAL PTE. LTD. Policy No. :

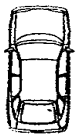
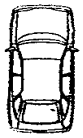
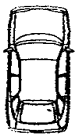
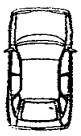
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/09/2020 12:00 Place of Accident : SEMBAWANG ROAD ? GAMBAS AVENUE

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**

GY 4106M →	SFV 681Y →	SGZ 5985E →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: MG	WSP:
Tel :	Tel :	Tel : SOLUTION	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		
	SGZ 5985E - X SFV 681Y - NA/AWA20000144/z4 ; 02.01.2020 - CC3/EQI17006650/H1eg3q2; 31.03.2017	
07/02/2021	Pls refer to Views for details.	

STAGE	DATE / PIC
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: L/sum	S$ 5,000.00 (8 days) Reduction: 65 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/02/2021	Confirm with Ms Wong	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 5,350.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 500.00 ($ 50 x10 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/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 5,857.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,857.45	Name 1: MG Solution Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	