		LKK:
INS. CASE OWNER:	CC4/AIG20012441/Kpa3	IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: _____   Date / Time : **12/11/2020**

Registered in Merimen: **12/11/2020**

Pre-assign / CCU / FTE

Insured Vehicle No.　:　**SLB 9928L**　　　　Claim No.　:　_____

Name of Insured　:　**YING SIEW YIN**　　　Policy No.　:　_____

Insured Tel No.　:　_____　HP:　　Make / Model　:　**MERCEDES-BENZ E250**

Excess Sec II :S$　_____　D.O.A :　**12/11/2020 12:55**　Place of Accident :　**MARYMOUNT LANE & UPP. THOMSON RD JUNCTION**

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

If **NO**, Driver Name / Age : _____　　OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

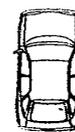Driver Tel No. :　　　(V/L: YES / NO)　Insured Liability : ___ %　**Final ? Yes / No**

SKF 7295H　→　_____　_____　→　_____　_____　→　_____

INSRS: WSP: **City Auto Pte Ltd** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKF 7295G - X	SLB 9928L - X	STAGE	DATE / PIC
	We have detected that there is already an active claim within 1 day of the Date of Loss.		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	SKF7295H Date of Loss: 12/11/2020 (OD)		Non-Reporting ltr (Final):	
	Insurer: MSIG Insurance (Singapore) Pte. Ltd.		Notification ltr (if non-pickup):	
			Call OI:	
	Please CONFIRM that this is NOT the same case you are creating.		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$ **4,400.00**　(**5** days) Reduction: **33** %　Email ☐ Call ☐

FINAL SETTLEMENT　Date/Time: **16.04.2021** Confirm with **Vronica**　Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **5**	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S$ **4,708.00**		
Loss of Rental (LOR): W/GST	S$ **642.00** (**6** days) x $100.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓　LOU only ☐　LOR + LOU ☐　LOR + LOI ☐　[**Tick only one**]			
GIA/LTA Search	S$		
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: **320.00**	
Total:	S$ **5,350.00**　**Global Sum S$:** **5,300.00**		

FINAL PAYMENT　Date/Time:　　Confirm with:　　Email ☐ Call ☐

Payee 1:	S$ **5,300.00**	Name 1:	**City Auto Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	