

ASSIGNMENTSurveyor: **ADRIAN**DOI: **08/12/2020**Date / Time : **08/12/2020**Registered in Merimen: **10/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBF 9866D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ D.O.A : **07/12/2020 16:40**

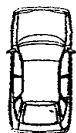
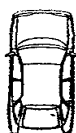
Place of Accident : _____

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****GBF 9866D****SJE 4245P****GBC 5373B**INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **MG**
Tel : **SOLUTION**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJE 4245P - CC4/ASM19004038/Aeb3s2 ; 01/03/2019	Non-Reporting ltr (1st):	
	NA/INC18005531/r3 ; 24/03/2018	Non-Reporting ltr (2nd):	
	GBF 9866D - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
03/05/2021	Pls refer to VIEWS for details.	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\$ 7,800.00 (14 days) Reduction: 55 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 03/05/2021 Confirm with Sharon	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost: w/GST	S\$ 8,346.00		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ 960.00 (\$ 60 x 16 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 Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 9,313.45 Global Sum S\$: 9,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 9,300.00 Name 1: MG Solution Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		