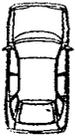


**ASSIGNMENT**

Surveyor: Adrian DOI: 12/01/2021 Date / Time : 11/01/2021

Registered in Merimen:                     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBD 2849K  
 Name of Insured : TAN HUAN WOOD WASTE PTE. LTD.  
 Insured Tel No. :                      HP:                       
**Excess Sec II :S\$**                      D.O.A : 10/01/2021

Claim No. :                       
 Policy No. :                       
 Make / Model :                       
 Place of Accident :                     

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

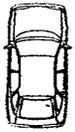
If NO, Driver Name / Age :                     

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO

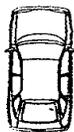
Driver Tel No. :                      (V/L:  YES / NO )

Insured Liability :                      % **Final ? Yes / No**

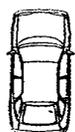
**SMS 8374P**



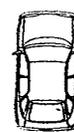
INSRS:  
WSP: **MG SOLUTION**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMS 8374P : CC6/EQI20007641/Ags3q2 ; DOA : 22/07/2020	
	GBD 2849K : X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>	
	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"/>

**PRELIMINARY ADVICE** Date/Time:                      Sent By:                      Post-Repair Photos:   Others:

**FINALIZATION** Date/Time:                      Confirm with:                      Confirm by:                       
 Repair Cost: L/S S\$ **\$3,600.00** ( 4 days) Reduction: **\$5,024.80** % **58** Email  Call

**FINAL SETTLEMENT** Date/Time: 30/03/2021 Confirm with SU Email  Call   
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **22** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **3,852.00** W/GST  
 Loss of Rental (LOR): S\$                      (                      days)  
 Loss of Use (LOU): S\$ **250.00** (\$ **50** x **5** days)  
 Loss of Income (LOI): S\$                      (\$                      x                      days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  **[Tick only one]**  
 GIA/LTA Search S\$ **7.45**  
 Medical: S\$                       
 Disbursement: S\$                      (e.g. Tow/ Independent )  
 Legal Cost S\$                       
 1) Claim status:  Normal/Reject/Private Settle  
 2) Report Format: **TP**  
 3) Survey fee: **\$400.00**

**Total:** S\$ **4,109.45** **Global Sum S\$:**                     

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

Payee 1: S\$ **4,109.45** Name 1: **MG SOLUTION PTE LTD**  
 Payee 2: (Strike if N.A.) S\$                      Name 2:                       
 Payee 3: (Strike if N.A.) S\$                      Name 3: