

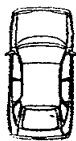
ASSIGNMENT

Surveyor:

ADRIANDOI: 16/02/2021Date / Time : 16/02/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 977R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 10/02/2021 17:33Place of Accident : PIE TOWARDS CHANGI AIRPORT

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

If NO, Driver Name / Age : _____

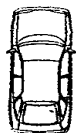
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

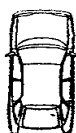
SKU 977RSMQ 4118AGBJ 6356H

INSRS:

WSP:

Tel :

Liability :

RMKS: OI

INSRS:

WSP: MGTel : SOLUTION

Liability :

RMKS: TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMQ 4118A - X</u>	Non-Reporting ltr (1st):	
	<u>SKU 977R - NA/III21002055/r3 ; 10.02.2021</u>	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 :	☒ ☐
<u>07/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>L/S</u>	S\$ <u>13,300.00</u> (<u>14</u> days) Reduction: <u>49.55</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07/07/2021</u> Confirm with <u>MS WONG</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia :	<u>100%</u>
Repair Cost: (W/GST)	S\$ <u>14,231.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>1,900.00</u> (\$ <u>100</u> x <u>19</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ <u>50.00</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$600.00</u>	
Total:	S\$ <u>16,188.45</u> Global Sum S\$: <u>15,700.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ <u>15,700.00</u> Name 1: <u>MG Solution Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		