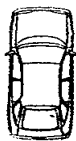


ASSIGNMENT CC4/AIG21003191/Apa3Surveyor: ADRIANDOI: 10/03/2021Date / Time : 10/03/2021Registered in Merimen: 10/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBJ 3093K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 05/03/2021

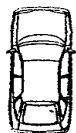
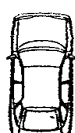
Place of Accident : _____

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**SKB 5628RINSRS:
WSP: Ace Autolution
Tel : Pte Ltd.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKB 5628R - X	Non-Reporting ltr (1st):	
	GBJ 3093K - NBA/CTI19016192/Y ; 11/09/2019	Non-Reporting ltr (2nd):	
	<i>We have detected that there is already an active claim within 1 day of the Date of Loss.</i>	Non-Reporting ltr (Final):	
	<i>SKB5628R Date of Loss: 05/03/2021 (OD)</i>	Notification ltr (if non-pickup):	
	<i>Insurer: MSIG Insurance (Singapore) Pte. Ltd.</i>	Call OI:	
	<i>Please CONFIRM that this is NOT the same case you are creating.</i>	After call ltr to OI:	
		Documentation Check List:	Handler Typist
		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"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>6,500.00</u> (<u>5</u> days) Reduction: <u>64</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>05/11/2021</u> Confirm with <u>Anna</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>6,500.00</u>		
Loss of Rental (LOR) w/GST	S\$ <u>642.00</u> (<u>6</u> days) x \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>7,149.45</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <u>7,149.45</u> Name 1: <u>Ace Autolution Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		