

ASSIGNMENTSurveyor: **ADRIAN**DOI: **26/04/2021**Date / Time : **26/04/2021**Registered in Merimen: **26/04/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMM 7313D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **20/04/2021 19:10**

Place of Accident : _____

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

If NO, Driver Name / Age :

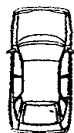
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLB 1738XINSRS:
WSP: **SUCCESS
UNITED**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLB 1738X - NBA/INC17010898/Y ; 03.06.2017		
	SMM 7313D - X		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	We have detected that there is already an active claim within 1 day of the Date of Loss	Non-Reporting ltr (Final):	
	SLB1738X Date of Loss: 20/04/2021 (OD)	Notification ltr (if non-pickup):	
	Insurer: MSiG Insurance (Singapore) Pte. Ltd.	Call OI:	
		After call ltr to OI:	
	Please CONFIRM that this is NOT the same case you are creating.	Documentation Check List:	Handler
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S\$ 3,250.00	(3 days) Reduction: 59 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 6/8/2021	Confirm with ANGIE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	3,477.50	S\$ 1,738.75	
Loss of Rental (LOR):	S\$	(_____ days)	
Loss of Use (LOU): 400.00	S\$ 200.00	(\$ 100 x 4 days)	
Loss of Income (LOI):	S\$	(\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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\$ 1,940.75	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,940.75	Name 1: SUCCESS UNITED PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	