15/5/2010

INS. CASE OWNER:

CC6/III21008030/Aps3

LKK:

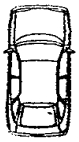
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 26/07/2021 Date / Time : 28/07/2021

Registered in Merimen: 28/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 1734C Claim No. :

Name of Insured : COMFORTDELGRO RENT-A-CAR PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

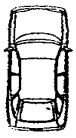
Excess Sec II :S$ D.O.A : 23/07/2021 Place of Accident :

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

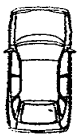
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

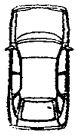
SMW 8566G → → →



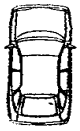
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMW 8566G : NM/TMI21007933/r3 ; DOA : 23/07/2021
	SMJ 1734C : CC6/III21003609/Ara3 ; DOA : 16/03/2021
4/12/2021	Pls refer to VIEWS for details.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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 :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 6,500.00 (6 days) Reduction: 45 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04/12/2021 Confirm with Ms Wong Email ☑ Cal ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 6,955.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 360.00 ($ 60 x 6 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: $500.00

Total: **S$** 7,322.45 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$ 7,322.45	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	