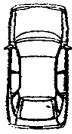


ASSIGNMENTSurveyor: AdrianDOI: 04/08/2021Date / Time : 03/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**

Insured Vehicle No. : SLQ 9141K
 Name of Insured : IKHTIARUDDIN IMAN BIN MUSTAFA
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 02/08/2021

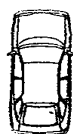
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SMG 2306P**

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 2306P : X ; SLQ 9141K : X		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
			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: P/P	S\$ 910.00	(3 days) Reduction: 81 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 01/12/2021	Confirm with Ms Wong	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 973.70			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ 200.00	(\$ 50 x 4 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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: TP		
		3) Survey fee: \$350.00		
Total:	S\$ 1,181.15	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 1,181.15	Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		