

15/5/2010

INS. CASE OWNER:

CC6/CTI21009879/Aes3

LKK:

IDAC:

ASSIGNMENT

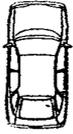
Surveyor: Adrian

DOI: 21/09/2021

Date / Time : 22/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 1070E

Claim No. : _____

Name of Insured : WEZ RENTALS

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 19/09/2021

Place of Accident : _____

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

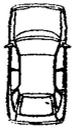
If NO, Driver Name / Age :

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

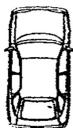
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

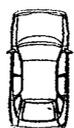
SMY 4426T → _____ → _____ → _____ → _____



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMY 4426T : X		
	GBG 1070E : NA/AIG17013695/h4 ; DOA : 14/07/2017	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)	<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: <u>LWP</u>			
Repair Cost:	<u>P/P</u> S\$ <u>1,688.48</u> (<u>3</u> days' Reduction: <u>77</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>07.01.22</u> Confirm with <u>MS WONG</u>		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> S\$ <u>1,806.67</u> <u>OID CHANGED LANE HIT TP</u>		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ <u>240.00</u> (\$ <u>60</u> x <u>4</u> 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 + LC <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>2,054.12</u> Global Sum S\$: <u>2,050.00</u>		
FINAL PAYMENT Date/Time: <u>07.01.22</u> Confirm with: <u>MS WONG</u>		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>2,050.00</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: _____		