

ASSIGNMENT

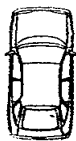
Surveyor:

ADRIAN

DOI:

19/11/2021Date / Time : **27/10/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SBS 6503C**Claim No. : **D21002757MFBP**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/09/2021 10:55**

Place of Accident : _____

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

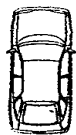
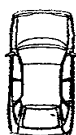
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLV 1508M**INSRS:
WSP: **MG SOLUTION**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLV 1508M - CC6/LPC19020657/Ara3q2 ; 02/11/2019	STAGE	DATE / PIC
	NA/FWD19013856/r3 ; 07/08/2019	Non-Reporting ltr (1st):	
	NA/FWD19019453/h4 ; 02/11/2019	Non-Reporting ltr (2nd):	
	SBS 6503C - X	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:	☐
07/04/2022	FINALISE DONE, SUBMIT WP. ADMIN TO CLOSE	Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 725.30 (2 days) Reduction: 360 % 33	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: WP	
Legal Cost	S\$	3) Survey fee: \$220.00	
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	