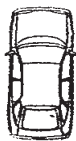


ASSIGNMENTSurveyor: ADRIANDOI: 03/12/2021Date / Time : 03/12/2021Registered in Merimen: 07/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SFW 221L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/11/2021 18:55

Place of Accident : _____

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

If NO, Driver Name / Age :

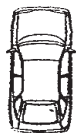
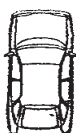
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SNA 3151GINSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SNA 3151G - X	STAGE	DATE / PIC
	SFW 221L - CC3/AIG08021352/RDh ; 13.07.2008	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: <u>LWP</u>
Repair Cost: <u>L/S</u> S\$ <u>9,450.00</u>	(<u>6</u> days) Reduction: <u>46</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>07.06.22</u>	Confirm with <u>SU WONG</u>	Email ☐ Call ☐
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>8a</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>10,111.50</u>	OID TRAVEL STRAIGHT WITH STOP LINE		
Loss of Rental (LOR): S\$ <u>700.00</u>	(<u>7</u> days) x \$100		
Loss of Use (LOU): S\$ <u>-</u>	(\$ x days)		
Loss of Income (LOI): S\$ <u>-</u>	(\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$ <u>-</u>			
Disbursement: S\$ <u>-</u>	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Prints Settled	
Legal Cost S\$ <u>-</u>		2) Report Format: <u>TP</u>	
Total: S\$ <u>10,818.95</u>	Global Sum S\$: <u>10,810.00</u>	3) Survey fee: <u>\$320</u>	
FINAL PAYMENT	Date/Time: <u>07.06.22</u>	Confirm with: <u>SU WONG</u>	Email ☐ Call ☐
Payee 1: S\$ <u>10,810.00</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:		