15/5/2010

INS. CASE OWNER:

CC6/AIG21012457/Aea3

LKK:

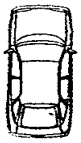
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/12/2021 Date / Time : 08/12/2021

Registered in Merimen: 08/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 1496E Claim No. : 2934222756SG

Name of Insured : Policy No. : 2070006797

Insured Tel No. : HP: Make / Model :

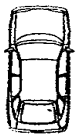
Excess Sec II :S$ D.O.A : 07/12/2021 09:00 Place of Accident :

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

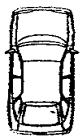
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

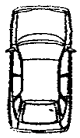
GBE 2591Y → → →



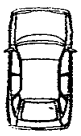
INSRS:
WSP: SIN YU SIN WORKSHOP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 2591Y - X GBH 1496E - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (2nd):
	~~GBE2591Y Date of Loss: 07/12/2021 (OD)~~	Non-Reporting ltr (Final):
	Insurer: MSIG Insurance (Singapore) Pte. Ltd.	Notification ltr (if non-pickup):
		Call OI:
	Please CONFIRM that this is NOT the same case you are creating.	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: LWP
Repair Cost: L/S	S$ 5,300.00 (6 days)	Reduction: 48 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.03.22	Confirm with WEILIANG	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,300.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 640.00 ($80 x 8 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 5,947.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 16.03.22	Confirm with: WEILIANG	Email ☐ Call ☐
Payee 1:	S$ 5,947.45	Name 1:	SIN YU SIN WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	