

ASSIGNMENTSurveyor: **ADRIAN**DOI: **10/01/2022**Date / Time : **10/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJG 301B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **29.12.2021 13:30**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

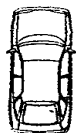
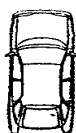
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SLD 3662GINSRS:
WSP: **MG Solution**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLD 3662G - X	SJG 301B - 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: LWP	
Repair Cost: L/S	\$S\$ 1,100.00	(2 days) Reduction: 64 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 29.06.22	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\$ 1,177.00	OID SIDESWIPE TP STATIONARY VEH		
Loss of Rental (LOR):	\$S\$ -	(_____ days)		
Loss of Use (LOU):	\$S\$ 180.00	(\$ 60 x 3 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/Printed Settlement		
Disbursement:	\$S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S\$ -	3) Survey fee: \$400		
Total:	\$S\$ 1,364.45	Global Sum S\$: 1,360.00		
FINAL PAYMENT	Date/Time: 29.06.22	Confirm with: MS WONG	Email ☐	Call ☐
Payee 1:	\$S\$ 1,360.00	Name 1: MG SOLUTION PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		