

ASSIGNMENTSurveyor: ADRIANDOI: 23.02.2022Date / Time : 23.02.2022Registered in Merimen: 24.02.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 4797D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 12.01.2022 10:30

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**SMN 5362UINSRS:
WSP: MG
Tel : SOLUTION
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 5362U - X	Non-Reporting ltr (1st):	
	SJU 4797D - CC3/AIG12022663/Kpt2y ; 07/11/2012	Non-Reporting ltr (2nd):	
	CC6/AXA13021331/Kv1y3c3 ; 07/11/2013	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: _____		
Repair Cost: <u>L/sum</u>	\$S\$ <u>1,300.00</u> (<u>2</u> days) Reduction: <u>77</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>1/12/2022</u> Confirm with <u>Ms Wong</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9c</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	\$S\$ <u>1,391.00</u>		
Loss of Rental (LOR):	\$S\$ _____ (_____ days)		
Loss of Use (LOU):	\$S\$ <u>180</u> (\$ <u>60</u> x <u>3</u> days)		
Loss of Income (LOI):	\$S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$ <u>29.00</u>		
Medical:	\$S\$ _____	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	\$S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ _____	3) Survey fee: <u>\$320</u>	
Total:	\$S\$ <u>1,600.00</u> Global Sum \$S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>1,600.00</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: _____		