

ASSIGNMENTSurveyor: ADRIANDOI: 29/03/2022Date / Time : 29/03/2022Registered in Merimen: 30/03/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SGN 5290P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 28/03/2022 13:30Place of Accident : SLIP ROAD OF CTE TOWARDS PIE (CHANGI) BEFORE UPPER SERANGOON ROAD

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**SGN 5290PSMK 3006CSMR 2018MINSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMK 3006C - NA/EQI22002854/m4 ; 28/03/2022</u>	Non-Reporting ltr (1st):	
	<u>NA/LPC19016534/h4 ; 17/09/2019</u>	Non-Reporting ltr (2nd):	
	<u>SGN 5290P - NA/EQI22002854/m4 ; 28/03/2022</u>	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>10,700.00</u> (<u>12</u> days) Reduction: <u>53</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>29/09/2022</u>	Confirm with: <u>Sharon</u>	Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: <u>w/GST</u> S\$ <u>11,449.00</u>			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ <u>780.00</u> (\$ <u>60</u> x <u>13</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>7.45</u>			
Medical: S\$ _____		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total: S\$ <u>12,236.45</u>	Global Sum S\$: <u>12,200.00</u>		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>12,200.00</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: _____		