15/5/2010

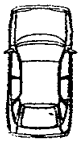
INS. CASE OWNER: MS SUNDARI | CC4/III20010035/Epa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 18/9/2020 Date / Time : 18/9/2020

Registered in Merimen: 18/9/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3803P Claim No. : MCT200090246

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

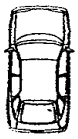
Excess Sec II :S$ D.O.A : 17/09/2020 10:20 Place of Accident : OUTRAM ROAD OUTSIDE SGH

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

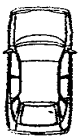
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

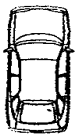
SLD 6835E → → →



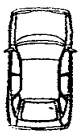
INSRS:
WSP: MOVA
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	SLD 6835E - X	Non-Reporting ltr (1st):
	CC3/AIG10018492/Fn1f2k2 - 11/09/2010	Non-Reporting ltr (2nd):
	SHD 3803P - CC4/III18012948/Deb3q2 - 11/09/2010	Non-Reporting ltr (Final):
	CS/TMI15017191/H1gbd1 - 09/10/2015	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
29/12/2020	Pls refer to VIEWS for details.	**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: L/sum	S$ 3,500.00 (5 days) Reduction: 43 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/12/2020	Confirm with Suann	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,745.00		
Loss of Rental (LOR) w/GST	S$ 642.00 (6 days)	x $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.49		
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: $320.00
Total:	**S$** 4,394.49	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,394.49	Name 1:	Mova Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	