

ASSIGNMENTSurveyor: MarcusDOI: 20/11/2020Date / Time : 19/11/2020Registered in Merimen: 19/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : YM 6732S

Claim No. : _____

Name of Insured : MOVA AUTOMOTIVE PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/11/2020

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****FBM 6387C**INSRS:
WSP: **EROFIA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBM 6387C : X	Non-Reporting ltr (1st):	
	YM 6732S : CC3/AIG18002413/R1eb3q2 ; DOA : 05/02/2018	Non-Reporting ltr (2nd):	
	- Please check / verify OID DL	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____		Confirm by: _____
Repair Cost: L/S	S\$ 900.00 (3 days) Reduction: 76.37 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/04/2021 Confirm with LEE LEE		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 900.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 60.00 (\$ 20 x 3 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$ _____		2) Report Format: TP
Total:	S\$ 960.00	Global Sum S\$:	3) Survey fee: \$320.00
FINAL PAYMENT	Date/Time: _____ Confirm with: _____		Email ☐ Call ☐
Payee 1:	S\$ 960.00 Name 1: EROFIA MOTOR TRADING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		