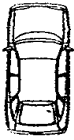


ASSIGNMENTSurveyor: RASULDOI: 09/12/2020Date / Time : 09/12/2020Registered in Merimen: 08/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJL 2866Z

Claim No. : _____

Name of Insured : SHANMUGA NATHAN M KAILASAM

Policy No. : _____

Insured Tel No. : _____ HP: _____

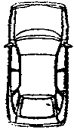
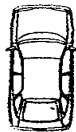
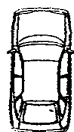
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/12/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SGT 6446U**INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGT 6446U : X	STAGE DATE / PIC
	SJL 2866Z : CC3/AIG17000729/K1yg3q2 ; DOA : 11/01/2017	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 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: MRB
Repair Cost: <u>L/S</u> S\$ <u>4,500.00</u> (<u>7</u> days) Reduction: <u>5</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>09.06.21</u> Confirm with <u>SUANN</u>	Email ☐ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>4,815.00</u>		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ <u>450.00</u> (\$ <u>60</u> x <u>7.5</u> days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.49</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>\$350</u>
Total: S\$ <u>5,272.49</u> Global Sum S\$: <u>5,250.00</u>		
FINAL PAYMENT	Date/Time: <u>09.06.21</u> Confirm with: <u>SUANN</u>	Email ☐ Call ☐
Payee 1: S\$ <u>5,250.00</u> Name 1: <u>MOVA AUTOMOTIVE PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		