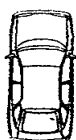


ASSIGNMENTSurveyor: RasulDOI: 11/01/2021Date / Time : 30/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBH 4674M

Claim No. : _____

Name of Insured : _____

Policy No. : 20/20/21/VC05/024036

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 21/12/2020 16:55Place of Accident : Dairy Farm Rd, Singapore

Is driver the owner? (YES / NO)

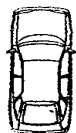
Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**SMG 9536X

INSRS:

WSP: MOVA

Tel :

Liability :

RMKS:



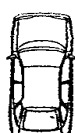
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time					
	<u>SMG 9536X</u>				
	<u>GBH 4674M</u>				
		<u>NBA/LPC20014340/Y ; 21.12.2020</u>			
			STAGE	DATE / PIC	
			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)	<input type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
			LOD	<input type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:		<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:		Sent By:		
FINALIZATION	Date/Time:		Confirm with:		Confirm by:
Repair Cost: <u>P/P</u>	S\$ <u>4,189.40</u>	(<u>5</u> days)	Reduction: <u>41</u>	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>10/08/2021</u>		Confirm with: <u>Suann</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed)	BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>4,482.66</u>				
Loss of Rental (LOR) <u>w/GST</u>	S\$ <u>535.00</u>	(<u>5</u> days)	x \$100		
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search	S\$ <u>2.00</u>				
Medical:	S\$				1) Claim status: Normal/ Reject Private Sec
Disbursement:	S\$ (e.g. Tow/ Independent)				2) Report Format: <u>TP</u>
Legal Cost	S\$				3) Survey fee: <u>\$400.00</u>
Total:	S\$ <u>5,019.66</u>		Global Sum S\$: <u>5,000.00</u>		
FINAL PAYMENT	Date/Time:		Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <u>5,000.00</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:		