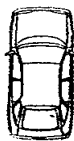


ASSIGNMENTSurveyor: **RASUL**DOI: **19/01/2021**Date / Time : **19/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKN 3207Y**Claim No. : **20/21/21/VP05/024145**Name of Insured : **WONG HONG JOO**Policy No. : **Z20VP05027990**

Insured Tel No. : _____ HP: _____

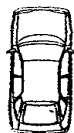
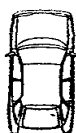
Make / Model : **Volkswagen Jetta****Excess Sec II :S\$** _____ D.O.A : **17/01/2021 13:20**Place of Accident : **BLK 16 BEDOK SOUTH MARKET AND FOOD CENTRE MULTISTOREY CARPARK**If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SJL 2872E**INSRS:
WSP: **MOVA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJL 2872E - X		
	SKN 3207Y - CS/LPC21000870/Uqd3 ; 17.01.2021		
		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"/> <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: L/S	S\$ 2200.00 (5 days) Reduction: \$942.32 % 30	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 25/03/2021 Confirm with SUANN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,354.00 W/GST		
Loss of Rental (LOR):	S\$ 749.00 (7 days) x\$107.00 W/GST	AS PER LPC, 2ND VEH & TP VEH IS WOD	
Loss of Use (LOU):	S\$ 50.00 (\$ 50 x 1 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ _____		
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: \$400.00	
Total:	S\$ 3,153.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 3,153.00 Name 1: MOVA AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		