

**ASSIGNMENT**Surveyor: KENNETHDOI: 13/07/2021Date / Time : 23/02/2021Registered in Merimen: 23/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SCR 138GClaim No. : 7260443422SGName of Insured : Rosna TjutjaPolicy No. : 1800060179

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : VOLVO XC90Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21/02/2021 13:45Place of Accident : Race Course Rd, Singapore

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

SGC 8889B

INSRS:

WSP: MBMTel : WHEELPOWER

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                                           | SGC 8889B - X                   | SCR 138G - X                  | STAGE                                                     | DATE / PIC                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------|
|                                                                                                                                                                      |                                 |                               | Non-Reporting ltr (1st):                                  |                               |
|                                                                                                                                                                      |                                 |                               | Non-Reporting ltr (2nd):                                  |                               |
|                                                                                                                                                                      |                                 |                               | Non-Reporting ltr (Final):                                |                               |
|                                                                                                                                                                      |                                 |                               | Notification ltr (if non-pickup):                         |                               |
| 28/10/2021                                                                                                                                                           | Pls refer to VIEWS for details. |                               | Call OI:                                                  |                               |
|                                                                                                                                                                      |                                 |                               | After call ltr to OI:                                     |                               |
|                                                                                                                                                                      |                                 |                               | <b>Documentation Check List:</b>                          | <b>Handler</b> <b>Typist</b>  |
|                                                                                                                                                                      |                                 |                               | Notification ltr (if non-pickup)                          | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | After call ltr to OI:                                     | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Authorisation To Act:                                     | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Release Voucher:                                          | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Final Repair Bill:                                        | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Car Rental Invoice:                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Towing Invoice                                            | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | LTA / GIA :                                               | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Medical Bill:                                             | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | PIR:                                                      | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Mandate/Reject Instruction:                               | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | LOD                                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Payment Breakdown Form:                                   | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                 | Sent By:                        |                               | Post-Repair Photos:                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                 |                               | Others:                                                   | <input type="checkbox"/>      |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                       | Confirm with:                   |                               | Confirm by:                                               |                               |
| Repair Cost: <u>P/P</u> S\$ <u>600.00</u> ( <u>2</u> days) Reduction: <u>89</u> %                                                                                    |                                 |                               | Email <input type="checkbox"/>                            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>28/10/2021</u> Confirm with <u>Ivy</u>                                                                                         |                                 |                               | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/> |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>                                                                                          |                                 |                               | If NO or B 28, Ass. Lia :                                 |                               |
| Repair Cost: <u>w/GST</u> S\$ <u>642.00</u>                                                                                                                          |                                 |                               |                                                           |                               |
| Loss of Rental (LOR) <u>w/GST</u> S\$ <u>385.20</u> ( <u>3</u> days) x \$120.00                                                                                      |                                 |                               |                                                           |                               |
| 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>7.45</u>                                                                                                                                       |                                 |                               |                                                           |                               |
| Medical: S\$                                                                                                                                                         |                                 |                               | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                               |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |                                 |                               | 2) Report Format: <u>TP</u>                               |                               |
| Legal Cost S\$                                                                                                                                                       |                                 |                               | 3) Survey fee: <u>\$320.00</u>                            |                               |
| <b>Total:</b> S\$ <u>1,034.65</u>                                                                                                                                    | <b>Global Sum S\$:</b>          |                               |                                                           |                               |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                   |                               | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/> |
| Payee 1: S\$ <u>1,034.65</u>                                                                                                                                         | Name 1:                         | <u>MBM Wheelpower Pte Ltd</u> |                                                           |                               |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                         |                               |                                                           |                               |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                         |                               |                                                           |                               |