

**ASSIGNMENT**Surveyor: RasulDOI: 04/08/2021Date / Time : 21/07/2021Registered in Merimen: 21/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKX 5605R

Claim No. : \_\_\_\_\_

Name of Insured : Yong Poh Hwa

Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 06/07/2021

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**SLH 5954EINSRS:  
WSP: MOVA  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SLH 5954E : X ; SKX 5605R : X      |                                       | 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:                                                             |                                                              |
|                                                                                |                                    |                                       | <b>Documentation Check List:</b>                                                  | <b>Handler</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"/>                                     |
|                                                                                |                                    |                                       | Post-Repair Photos:                                                               | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                       | Others:                                                                           | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                              |                                                                                   |                                                              |
| <b>FINALIZATION</b>                                                            | Date/Time:                         | Confirm with:                         | Confirm by:                                                                       |                                                              |
| Repair Cost: L/S                                                               | S\$ 750.00                         | ( 3 days) Reduction: \$365.23         | % 33                                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: 05/11/2021              | Confirm with: SUANN                   | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/>                                |
| Final Liability:                                                               | % 100                              | (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia :                                                         |                                                              |
| Repair Cost:                                                                   | S\$ 802.50                         | W/GST                                 |                                                                                   |                                                              |
| Loss of Rental (LOR):                                                          | S\$ 214.00                         | ( 2 days) x \$107 W/GST               |                                                                                   |                                                              |
| 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 + LO <input type="checkbox"/>     | [Tick only one]                                                                   |                                                              |
| GIA/LTA Search                                                                 | S\$ 7.49                           |                                       |                                                                                   |                                                              |
| Medical:                                                                       | S\$                                |                                       | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                                              |
| Disbursement:                                                                  | S\$                                | (e.g. Tow/ Independent )              | 2) Report Format: TP                                                              |                                                              |
| Legal Cost                                                                     | S\$                                |                                       | 3) Survey fee: \$350.00                                                           |                                                              |
| <b>Total:</b>                                                                  | S\$ 1,023.99                       | <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\$ 1,023.99                       | Name 1:                               | MOVA AUTOMOTIVE PTE LTD                                                           |                                                              |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                               |                                                                                   |                                                              |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                               |                                                                                   |                                                              |