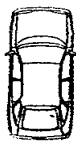


**ASSIGNMENT**Surveyor: **STEVE**DOI: **18/07/2022**Date / Time : **15/07/2022**Registered in Merimen: **15/07/2022 BY WKSP****Pre-assign / CCU / FTE**Insured Vehicle No. : **XD 5356K**

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

Name of Insured : \_\_\_\_\_

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

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

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

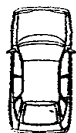
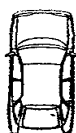
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **08/07/2022 14:20**Place of Accident : **KEPPEL TOWARDS AYE**

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****SKB 7431C**INSRS:  
WSP: **MOVA**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | Entry Date | Customer Name | Vehicle No. | TP Vehicle No. | Accident Date | Close Date | Created By                        | DATE / PIC               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|-------------|----------------|---------------|------------|-----------------------------------|--------------------------|
| SKB 7431C - Reference Entry                                                                                                                                          | 10/22/2015 | M1pm3n2       | 03/09/2015  | SKB 7431C      | SKB 6123Z     | 18/06/2015 | 04/09/2015                        | 5 BPL                    |
| CC6/CAI150                                                                                                                                                           | 10/22/2015 | M1pm3n2       | 03/09/2015  | SKB 7431C      | SKB 6123Z     | 18/06/2015 | 04/09/2015                        | 5 BPL                    |
| NA/INC1900                                                                                                                                                           | 10/22/2015 | M1pm3n2       | 03/09/2015  | SKB 7431C      | SKB 6123Z     | 18/06/2015 | 04/09/2015                        | 5 BPL                    |
| XD 5356K - X                                                                                                                                                         | 10/22/2015 | M1pm3n2       | 03/09/2015  | SKB 7431C      | SKB 6123Z     | 18/06/2015 | 04/09/2015                        | 5 BPL                    |
| TOH CHENG HOW (ZHOU ZENGHAO) SKB 7431C SKB 2456D 20/02/2019 22/02/2019 HZT                                                                                           |            |               |             |                |               |            | 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>                    | <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"/> |
|                                                                                                                                                                      |            |               |             |                |               |            | 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: <b>L/SUM</b> S\$ <b>9,600.00</b> ( <b>14</b> days) Reduction: <b>45</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>                  |            |               |             |                |               |            |                                   |                          |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>31/07/2023</b> Confirm with <b>Suann</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>               |            |               |             |                |               |            |                                   |                          |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b> If NO or B 28, Ass. Lia :                                                                 |            |               |             |                |               |            |                                   |                          |
| Repair Cost: <b>7%GST</b> S\$ <b>10,272.00</b>                                                                                                                       |            |               |             |                |               |            |                                   |                          |
| Loss of Rental (LOR): <b>7%GST</b> S\$ <b>1,819.00</b> ( <b>17</b> days) <b>X \$100</b>                                                                              |            |               |             |                |               |            |                                   |                          |
| 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\$ <b>7.45</b>                                                                                                                                       |            |               |             |                |               |            |                                   |                          |
| Medical: S\$                                                                                                                                                         |            |               |             |                |               |            |                                   |                          |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |            |               |             |                |               |            |                                   |                          |
| Legal Cost S\$                                                                                                                                                       |            |               |             |                |               |            |                                   |                          |
| 1) Claim status: Normal/ <del>Reject/Private Settle</del>                                                                                                            |            |               |             |                |               |            |                                   |                          |
| 2) Report Format: <b>TP</b>                                                                                                                                          |            |               |             |                |               |            |                                   |                          |
| 3) Survey fee: <b>\$350.00</b>                                                                                                                                       |            |               |             |                |               |            |                                   |                          |
| <b>Total:</b> S\$ <b>12,098.45</b> <b>Global Sum S\$:</b>                                                                                                            |            |               |             |                |               |            |                                   |                          |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>                                               |            |               |             |                |               |            |                                   |                          |
| Payee 1: S\$ <b>12,098.45</b> Name 1: <b>Mova Automotive Pte Ltd</b>                                                                                                 |            |               |             |                |               |            |                                   |                          |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                |            |               |             |                |               |            |                                   |                          |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                |            |               |             |                |               |            |                                   |                          |