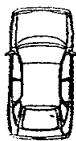


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLA 7778X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : _____

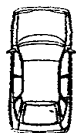
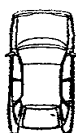
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**
 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		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)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: Part by Part S\$ 711.00	(1 days) Reduction: 38 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07/08/2025 Confirm with Patrick Tan	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 18	If NO or B 28, Ass. Lia :	
Repair Cost: WITH GST 9%	S\$ 387.50 (\$774.99 @ 50%)		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 250.00 (\$ 250 x 2 days) = \$500.00 @ 50%		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.18		
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\$ 639.68 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 639.68 Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		