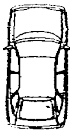


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **FBM 1600U**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **28/06/2018**

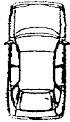
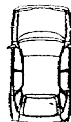
Place of Accident : \_\_\_\_\_

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****SG 5741A**
 INSRs:  
 WSP: **SMRT**  
 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:	
			<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:	P/P	S\$ 589.00	( 1 days) Reduction: 387.00	% 40 Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>18/08/2020</b> Confirm with <b>FOO</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	589.00		
Loss of Rental (LOR):	S\$	( days)		
Loss of Use (LOU):	S\$ 325.00	(\$ 325 x 1 days)		<b>OID DRIVE IN BETWEEN 2 LANES AND CAUSE CC</b>
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>				<b>[Tick only one]</b>
GIA/LTA Search	S\$	7.00		
Medical:	S\$			1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )		2) Report Format: <b>TP</b>
Legal Cost	S\$			3) Survey fee: <b>\$400.00</b>
<b>Total:</b>	<b>S\$</b>	<b>921.00</b>	<b>Global Sum S\$:</b>	<b>900.00</b>
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$	900.00	Name 1:	<b>SMRT BUSES LIMITED</b>
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	