

ASSIGNMENT

Surveyor: STEVE

DOI: 16/8/2019

Date / Time : 16/08/2019

Registered in Merimen: 19/08/2019

Pre-assign / CCU / FTE

	Insured Vehicle No. : <u>SLC 2289M</u>	Claim No. : _____
	Name of Insured : _____	Policy No. : _____
	Insured Tel No. : _____ HP: _____	Make / Model : _____
	Excess Sec II :S\$ _____ D.O.A : <u>15/08/2019</u>	Place of Accident : _____
	Is driver the owner? (YES / NO) _____	Nature of Accident : _____

If NO, Driver Name / Age :

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

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

Insured Liability : _____ % Final ? Yes / No

SMB 270Y

	INSRS: WSP: <u>SMRT , WL</u>		INSRS: WSP: _____		INSRS: WSP: _____		INSRS: WSP: _____
	Tel : _____		Tel : _____		Tel : _____		Tel : _____
	Liability : _____		Liability : _____		Liability : _____		Liability : _____
	RMKS: _____		RMKS: _____		RMKS: _____		RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SMB 270Y - NS/INC15008392/K1tbd1; DOA: 14/5/15	
	SLC 2289M - X	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ 7,450.00 (4 days) Reduction: 44 % Email Call

FINAL SETTLEMENT Date/Time: 08/06/2020 Confirm with Patrick Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 5 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 7,450.00

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 1,560.00 (\$ x days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 9,017.00 **Global Sum S\$: 9,000.00**

1) Claim status: Normal ~~Report/Dispute Settled~~

2) Report Format: TP

3) Survey fee: \$320

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 9,000.00 Name 1: SMRT Buses Ltd

Payee 2: (Strike if N.A.) S\$ Name 2: _____

Payee 3: (Strike if N.A.) S\$ Name 3: _____