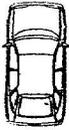


**ASSIGNMENT**

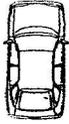
Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : \$\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_ Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

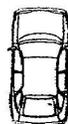
If **NO**, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**



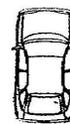
INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



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:                           |                          |
|            | <b>Documentation Check List: Handler 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"/> |

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: **L/S** S\$ **9300.00** ( **5** days) Reduction: **3550.00** % **28** Email  Call

**FINAL SETTLEMENT** Date/Time **21/05/2020** Confirm with **LEE GEK** Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **10a** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **9300.00**

Loss of Rental (LOR): S\$ **1035.76** ( **8** days) x \$**129.47**

Loss of Use (LOU): S\$ \_\_\_\_\_ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

Loss of Income (LOI): S\$ **480.00** (\$ **60** x **8** days)

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

GIA/LTA Search S\$ **5.00**

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: **\$350.00**

**Total:** S\$ **10,820.76** **Global Sum S\$:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ **10,820.76** Name 1: **SMRT TAXIS LIMITED PTE LTD**

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

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