

## ASSIGNMENT

Surveyor:

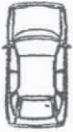
OI SUN PIN

DOI: 11/02/2020

Date / Time : 11/02/2020

Registered in Merimen: \_\_\_\_\_

## Pre-assign / CCU / FTE



Insured Vehicle No. : SDM 9155L

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

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

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

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

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

Excess Sec II :S\$

D.O.A : 08/02/2020 20:20

Place of Accident : ORCHARD RD

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

SHB 1005A

INSRS:  
WSP: SMRT, WL  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                           |                          |                                       |                                                                         |                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                                                                                                                      | SHB 1005A -              | CC3/AIG19011693/Ekb3s2; DOA: 28.6.19  | STAGE                                                                   | DATE / PIC                          |                          |
|                                                                                                                                                      |                          | NA/INC14021594/r3; DOA: 18.11.14      | Non-Reporting ltr (1st):                                                |                                     |                          |
|                                                                                                                                                      |                          | NS/INC15007395/K1gbw2; DOA: 29.4.15   | Non-Reporting ltr (2nd):                                                |                                     |                          |
|                                                                                                                                                      |                          | NS/INC15009570/K1gbq2; DOA: 6.6.15    | Non-Reporting ltr (Final):                                              |                                     |                          |
|                                                                                                                                                      |                          | NS/INC17022671/Sgbe2; DOA: 24.11.17   | Notification ltr (if non-pickup):                                       |                                     |                          |
|                                                                                                                                                      | SDM 9155L -              | CC4/ASM19007360/Uwa3q2; SOA: 23.4.19  | Call OI:                                                                |                                     |                          |
|                                                                                                                                                      |                          | CS/CTI19019204/Avf3n2; DOA: 28.10.19  | After call ltr to OI:                                                   |                                     |                          |
|                                                                                                                                                      |                          | NA/AIG19007218/r3; DOA: 23.4.19       | 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 checked="" 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\$ 750.00               | ( 2 days) Reduction: %                | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                     |                          |
| FINAL SETTLEMENT                                                                                                                                     | Date/Time: 11/5/2020     | Confirm with Lee Gek                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                     |                          |
| Final Liability:                                                                                                                                     | % 100                    | (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia :                                               |                                     |                          |
| Repair Cost:                                                                                                                                         | S\$ 750                  |                                       |                                                                         |                                     |                          |
| Loss of Rental (LOR):                                                                                                                                | S\$ 314.58               | ( 3 days) X \$104.86                  |                                                                         |                                     |                          |
| Loss of Use (LOU):                                                                                                                                   | S\$ (\$ x days)          |                                       |                                                                         |                                     |                          |
| Loss of Income (LOI):                                                                                                                                | S\$ 150 (\$ 50 x 3 days) |                                       |                                                                         |                                     |                          |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> |                          | [Tick only one]                       |                                                                         |                                     |                          |
| GIA/LTA Search                                                                                                                                       | S\$ 7.00                 |                                       |                                                                         |                                     |                          |
| 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: \$400                                                    |                                     |                          |
| Total:                                                                                                                                               | S\$ 1,221.58             | Global Sum S\$: 1,220.00              |                                                                         |                                     |                          |
| FINAL PAYMENT                                                                                                                                        | Date/Time:               | Confirm with:                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                     |                          |
| Payee 1:                                                                                                                                             | S\$ 1,220.00             | Name 1: SMRT TAXIS PTE LTD            |                                                                         |                                     |                          |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$                      | Name 2:                               |                                                                         |                                     |                          |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$                      | Name 3:                               |                                                                         |                                     |                          |