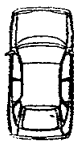


ASSIGNMENTSurveyor: SUN PINDOI: 20/05/2020Date / Time : 20/05/2020Registered in Merimen: 20/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLB 6557T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

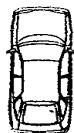
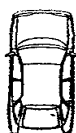
Excess Sec II :S\$ _____ D.O.A : 14/05/2020

Place of Accident : _____

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

If NO, Driver Name / Age : SLOW KIAN HO

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

Driver Tel No. : 87143861 (V/L: YES / NO)Insured Liability : % **Final ? Yes / No**SMB 1448XINSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMB 1448X - X		SLB 6557T - X		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: L/S	S\$ 4000.00	(3 days)	Reduction: 1300.00	% 24	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 03/08/2020	Confirm with WEI TECK			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4000.00					
Loss of Rental (LOR):	S\$ (days)					
Loss of Use (LOU):	S\$ 1000.00 (\$250.00 x 4 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\$	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\$ 5007.00	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:			Email ☒	Call ☐
Payee 1:	S\$ 5007.00	Name 1:	SMRT BUSES LIMITED			
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				