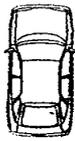


ASSIGNMENT

Surveyor: SUN PIN DOI: _____ Date / Time : 23/9/2020
Registered in Merimen: 24/9/2020

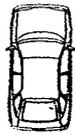
Pre-assign / CCU / FTE



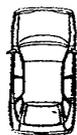
Insured Vehicle No. : SHC 8401M Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 22/09/2020 19:25 Place of Accident : HILLVIEW AVE TOWARDSBUKIT BATOK EAST AVE 2
Is driver the owner? (YES / NO) Nature of 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**

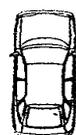
SHC 4845S



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 |
|--|---|--|---|
| | SHC 4845S - CC3/AIG11024060/T1a2a3p1 - 21/11/2011 | Non-Reporting ltr (1st): | |
| | SHC 8401M - X | Non-Reporting ltr (2nd): | |
| | | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| | | Call OI: | |
| 07/12/2020 | Pls refer to VIEWS for details. | 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 type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input 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 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 type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: | |
| Repair Cost: L/sum | S\$ 850.00 (3 days) Reduction: 88 % | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time 07/12/2020 Confirm with Lee Gek | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ 850.00 | | |
| Loss of Rental (LOR): | S\$ 468.13 (3.5 days) x \$133.75 | | |
| Loss of Use (LOU): | S\$ (\$ x days) | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search | S\$ | | |
| Medical: | S\$ | 1) Claim status: Normal/Reject/Private Sec'd | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 2) Report Format: | TP |
| Legal Cost | S\$ | 3) Survey fee: | \$350.00 |
| Total: | S\$ 1,318.13 | Global Sum S\$: | 1,300.00 |
| FINAL PAYMENT | Date/Time: _____ Confirm with: _____ | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | S\$ 1,300.00 Name 1: SMRT TAXIS PTE LTD | | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | | |