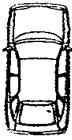


**ASSIGNMENT**Surveyor: MarcusDOI: 08/10/2020Date / Time : 08/10/2020Registered in Merimen: 08/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : PC 5399L

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

Name of Insured : YELLOW BUS SERVICES PTE LTD

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

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

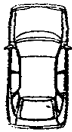
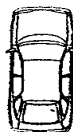
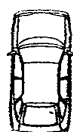
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ 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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SMU 986R**INSRS:  
WSP: ZOOM  
Tel : AUTOWERKS  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                               | SMU 986R : X ; PC 5399L : 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:                         |                                                              |
|                                                                                                                                          |                             |                                    | <b>Documentation Check List:</b>              | <b>Handler</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"/>                                     |
|                                                                                                                                          |                             |                                    | Post-Repair Photos:                           | <input type="checkbox"/>                                     |
|                                                                                                                                          |                             |                                    | Others:                                       | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                | Date/Time:                  | Sent By:                           |                                               |                                                              |
| <b>FINALIZATION</b>                                                                                                                      | Date/Time:                  | Confirm with:                      | Confirm by:                                   |                                                              |
| Repair Cost:                                                                                                                             | S\$                         | ( _____ days) Reduction:           | %                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                  | Date/Time:                  | Confirm with                       | Email <input type="checkbox"/>                | Cal <input type="checkbox"/>                                 |
| Final Liability:                                                                                                                         | %                           | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia :                     |                                                              |
| Repair Cost:                                                                                                                             | S\$                         |                                    |                                               |                                                              |
| Loss of Rental (LOR):                                                                                                                    | S\$                         | ( _____ days)                      |                                               |                                                              |
| Loss of Use (LOU):                                                                                                                       | S\$                         | (\$ _____ x _____ days)            |                                               |                                                              |
| Loss of Income (LOI):                                                                                                                    | S\$                         | (\$ _____ x _____ days)            |                                               |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> | [Tick only one]             |                                    |                                               |                                                              |
| GIA/LTA Search                                                                                                                           | S\$                         |                                    |                                               |                                                              |
| Medical:                                                                                                                                 | S\$                         |                                    |                                               |                                                              |
| Disbursement:                                                                                                                            | S\$                         | (e.g. Tow/ Independent )           | 1) Claim status: Normal/Reject/Private Settle |                                                              |
| Legal Cost                                                                                                                               | S\$                         | 2) Report Format:                  |                                               |                                                              |
|                                                                                                                                          |                             | 3) Survey fee:                     |                                               |                                                              |
| <b>Total:</b>                                                                                                                            | <b>S\$</b>                  | <b>Global Sum S\$:</b>             |                                               |                                                              |
| <b>FINAL PAYMENT</b>                                                                                                                     | Date/Time:                  | Confirm with:                      | Email <input type="checkbox"/>                | Cal <input type="checkbox"/>                                 |
| Payee 1:                                                                                                                                 | S\$                         | Name 1:                            |                                               |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                | S\$                         | Name 2:                            |                                               |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                | S\$                         | Name 3:                            |                                               |                                                              |