

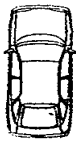
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **02/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **Q 3C**Claim No. : **20/20/20/VP05/023948**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **27/11/2020 15:38**

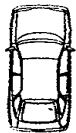
Place of Accident : _____

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****SMB 148T**INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 148T- CC3/AXA11023674/R1hdz1 ; 13/11/2011	Non-Reporting ltr (1st):	
	CC3/AXA14019358/K1we3w2 ; 09/10/2014	Non-Reporting ltr (2nd):	
	CC3/MSG15016146/K1vbc2 ; 15/09/2015	Non-Reporting ltr (Final):	
	NS/INC13022397/R1qm3u2 ; 21/11/2013	Notification ltr (if non-pickup):	
	NS/INC18006824/R1vbn2 ; 12/03/2018	Call OI:	
	Q 3C - CS/LPC20013130/Usf3 ; 27.11.2020	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: P/P	S\$ 1,411.00 (3 days) Reduction: 82.84 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/03/2021 Confirm with KAREN	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 1,411.00	S\$ 705.50		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU): 1,200.00	S\$ 600.00 (\$ 240 x 5 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search 7.00	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: \$400.00	
Total: 2,618.00	S\$ 1,312.50 Global Sum S\$: 1,250.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 1,250.00 Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		