

ASSIGNMENT

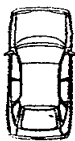
Surveyor: OI SUN PIN

DOI: 09/12/2020

Date / Time : 09/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9660R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 07/12/2020 09:38

Place of Accident :

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

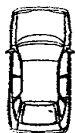
If **NO**, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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SMB 5078D



INRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SMB 5078D - X	SMV 9660R - 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: P/P	S\$ 1,146.00 (2 days)	Reduction: 24 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25.3.2021	Confirm with JIMMY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,146.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$1,050.00 (\$ 350 x 3 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\$			
Disbursement:	S\$ (e.g. Tow/ Independent)			
Legal Cost	S\$			
Total:	S\$ 2,203.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 2,203.00	Name 1: SMRT Buses Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		