

**ASSIGNMENT**Surveyor: OI SUN PINDOI: 27/01/2021Date / Time : 27/01/2021Registered in Merimen: 29/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 8018H

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

Name of Insured : \_\_\_\_\_

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 15/01/2021 08:28Place of Accident : Upper Bukit Timah Rd

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

If NO, Driver Name / Age : \_\_\_\_\_

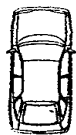
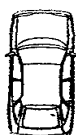
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

Final ? Yes / No

SG 5769XINSRS:  
WSP: SMRT, WL  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SG 5769X - X                           | SMU 8018H - X         | STAGE                                                                   | DATE / PIC                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|-------------------------------------------------------------------------|-------------------------------|
|                                                                                                                                                                      |                                        |                       | Non-Reporting ltr (1st):                                                |                               |
|                                                                                                                                                                      |                                        |                       | Non-Reporting ltr (2nd):                                                |                               |
|                                                                                                                                                                      |                                        |                       | Non-Reporting ltr (Final):                                              |                               |
|                                                                                                                                                                      |                                        |                       | Notification ltr (if non-pickup):                                       |                               |
| <u>29/11/2021</u>                                                                                                                                                    | <u>Pls refer to VIEWS for details.</u> |                       | Call OI:                                                                |                               |
|                                                                                                                                                                      |                                        |                       | After call ltr to OI:                                                   |                               |
|                                                                                                                                                                      |                                        |                       | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</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"/>      |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                 | Sent By:                               |                       | Post-Repair Photos:                                                     | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                        |                       | Others:                                                                 | <input type="checkbox"/>      |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                       | Confirm with:                          |                       | Confirm by:                                                             |                               |
| Repair Cost: <u>P/P</u> S\$ <u>527.00</u> ( <u>1</u> days) Reduction: <u>45</u> %                                                                                    |                                        |                       | Email <input checked="" type="checkbox"/>                               | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>29/11/2021</u> Confirm with <u>Karen</u>                                                                                       |                                        |                       | Email <input checked="" type="checkbox"/>                               | Call <input type="checkbox"/> |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>                                                                                           |                                        |                       | If NO or B 28, Ass. Lia :                                               |                               |
| Repair Cost: S\$ <u>527.00</u>                                                                                                                                       |                                        |                       |                                                                         |                               |
| Loss of Rental (LOR): S\$ _____ ( _____ days)                                                                                                                        |                                        |                       |                                                                         |                               |
| Loss of Use (LOU): S\$ <u>300.00</u> (\$ <u>300</u> x <u>1</u> days)                                                                                                 |                                        |                       |                                                                         |                               |
| Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)                                                                                                              |                                        |                       |                                                                         |                               |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                        |                       |                                                                         |                               |
| GIA/LTA Search S\$ <u>7.00</u>                                                                                                                                       |                                        |                       |                                                                         |                               |
| Medical: S\$ _____                                                                                                                                                   |                                        |                       | 1) Claim status: Normal/Reject/Printed Settlement                       |                               |
| Disbursement: S\$ _____ (e.g. Tow/ Independent )                                                                                                                     |                                        |                       | 2) Report Format: <u>TP</u>                                             |                               |
| Legal Cost S\$ _____                                                                                                                                                 |                                        |                       | 3) Survey fee: <u>\$320.00</u>                                          |                               |
| <b>Total:</b> S\$ <u>834.00</u>                                                                                                                                      | <b>Global Sum S\$:</b> <u>830.00</u>   |                       |                                                                         |                               |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                          |                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                               |
| Payee 1: S\$ <u>830.00</u>                                                                                                                                           | Name 1:                                | <u>SMRT BUSES LTD</u> |                                                                         |                               |
| Payee 2: (Strike if N.A.) S\$ _____                                                                                                                                  | Name 2:                                |                       |                                                                         |                               |
| Payee 3: (Strike if N.A.) S\$ _____                                                                                                                                  | Name 3:                                |                       |                                                                         |                               |