

**ASSIGNMENT**Surveyor: AdrianDOI: 01/03/2021Date / Time : 09/02/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SKW 6591U

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

Name of Insured : MUHAMMED RAREESH BASHIR AHMAD

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 04/02/2021

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****SMP 7730S**INSRS:  
WSP: **SMARTONE**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                               | SMP 7730S : CS/CTI20007893/Atf3s2 ; DOA : 29/07/2020 |                                    | STAGE                                                       | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                          | SKW 6591U : X                                        |                                    | 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"/>                                     |
| <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:                                                                                                                                             | 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 )           |                                                             |                                                              |
| Legal Cost                                                                                                                                               | S\$                                                  |                                    |                                                             |                                                              |
| <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:                            |                                                             |                                                              |