

**ASSIGNMENT**Surveyor: **STEVE**DOI: **06/05/2021**Date / Time : **06/05/2021**Registered in Merimen: **06/05/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SBP 1188C**Claim No. : **8369824787SG**Name of Insured : **OHATA NORIHISA**Policy No. : **2070179652**

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **02/05/2021**Place of Accident : **UPPER THOMSON RD & THOMSON RIDGE**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****SG 1754P**INSRS:  
WSP: **SMRT**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     |                                                                                      |                                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                | SG 1754P : CC3/MSG19006427/Esd3e2 ; DOA : 03/03/2019                                 | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                | SBP 1188C : X                                                                        | Non-Reporting ltr (1st):                                                           |
|                                                                                |                                                                                      | Non-Reporting ltr (2nd):                                                           |
|                                                                                |                                                                                      | Non-Reporting ltr (Final):                                                         |
|                                                                                | CLAIMANT: SMRT BUSES LTD                                                             | Notification ltr (if non-pickup):                                                  |
|                                                                                |                                                                                      | Call OI:                                                                           |
|                                                                                | TPV: MAN A22 (10518cc)                                                               | After call ltr to OI:                                                              |
|                                                                                |                                                                                      | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                |                                                                                      | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                      | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                      | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                      | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                |                                                                                      | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                |                                                                                      | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                |                                                                                      | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                |                                                                                      | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                |                                                                                      | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                |                                                                                      | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                |                                                                                      | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                |                                                                                      | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time: _____ Sent By: _____                                                      | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                            | Date/Time: _____ Confirm with: _____                                                 | Confirm by: _____                                                                  |
| Repair Cost: P/P                                                               | S\$ \$3,159.44 ( 4 days) Reduction: \$5,549.34 % 64                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>18/03/2022</b> Confirm with <b>HUA YEN / KAREN</b>                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. : 9                                           | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                   | S\$ \$3,159.44                                                                       |                                                                                    |
| Loss of Rental (LOR):                                                          | S\$ _____ ( _____ days)                                                              |                                                                                    |
| Loss of Use (LOU):                                                             | S\$ 1,250.00 (\$ 250 x 5 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 + LO <input type="checkbox"/> [Tick only one] |                                                                                    |
| GIA/LTA Search                                                                 | S\$ 7.49                                                                             |                                                                                    |
| Medical:                                                                       | S\$ _____                                                                            | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle  |
| Disbursement:                                                                  | S\$ _____ (e.g. Tow/ Independent )                                                   | 2) Report Format: TP                                                               |
| Legal Cost                                                                     | S\$ _____                                                                            | 3) Survey fee: \$320.00                                                            |
| <b>Total:</b>                                                                  | S\$ 4,416.93 <b>Global Sum S\$:</b> 4,400.00                                         |                                                                                    |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: _____ Confirm with: _____                                                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | S\$ 4,400.00 Name 1: SMRT BUSES LTD                                                  |                                                                                    |
| Payee 2: (Strike if N.A.)                                                      | S\$ _____ Name 2: _____                                                              |                                                                                    |
| Payee 3: (Strike if N.A.)                                                      | S\$ _____ Name 3: _____                                                              |                                                                                    |