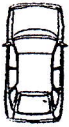


ASSIGNMENT

Surveyor: **MARCUS** DOI: **25/06/2021** Date / Time : **25/06/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **YN 2956J**

Claim No. : **D21001887MFCV**

Name of Insured : **SMRT TRAINS LTD**

Policy No. : **D-21097378MFCV**

Insured Tel No. : _____ HP: _____
Excess Sec II :\$S _____ D.O.A : **23-06-2021**

Make / Model : _____
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**

GBC 4067S



INSRS:
WSP: **Fastech**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/Time	STAGE	DATE / PIC
	GBC 4067S - CC4/ASM21004717/Ubs3 ; 11/04/2021	
	YN 2956J - NBA/FCI15012034/Y ; 18/07/2015	
	NBA/FCI15018146/Y ; 23/10/2015	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
09/07/2021	PLEASE REFER TO VIEWS FOR DETAILS	
	*SUBMIT WP REPORT AS PER FCI INSTRUCTION	
	Documentation Check List:	Handler Typist
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm by: _____
FINALIZATION	Repair Cost: L/SUM S\$ 5,600.00 (5 days) Reduction: 66 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	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 + LOI <input type="checkbox"/> [Tick only one]	
	GIA/LTA Search \$S _____	
	Medical: \$S _____	
	Disbursement: \$S _____ (e.g. Tow/ Independent)	
	Legal Cost \$S _____	
Total:	\$S Global Sum S\$:	\$170.00 + \$90.00 + 86.00 + \$50.00 + \$50.00 + \$50.00
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <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: _____	

1) Claim status: ~~Normal/Reject/Dispute~~ **Settle** **WP**
2) Report Format: **TP**
3) Survey fee: **496.00** **SWP** **13/1/21**