

ASSIGNMENT

Surveyor: Rasul DOI: 16/07/2021 Date / Time : 19/07/2021

Registered in Merimen: 19/07/2021

Pre-assign / CCU / FTE

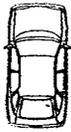


Insured Vehicle No. : SMP 6762G
 Name of Insured : Koh Ching Hwa
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 04/07/2021
 Is driver the owner? (YES / NO) Nature of Accident : _____

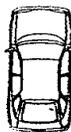
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : Yishun Ave 5

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**

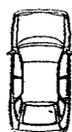
SG 3044S



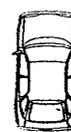
INSRS:
 WSP: **SMRT**
 Tel : _____
 Liability : _____
 RMKS: _____



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



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

Date/ Time	STAGE	DATE / PIC
	SG 3044S : NS/INC21001091/Qtf3e2 ; DOA : 20/01/2021	
	SMP 6762G : 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:	
CLAIMANT -	SMRT BUSES LTD	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: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: P/P S\$ **\$962.00** (2 days) Reduction: \$435.00 % 31 Email Call

FINAL SETTLEMENT Date/Time: 11/04/2022 Confirm with karen Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 962.00
 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 LOU only LOR + LOU LOR + LOU **[Tick only one]**
 GIA/LTA Search S\$ 7.00
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$320.00

Total: S\$ 2,219.00 **Global Sum S\$: 2,200.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ 2,200.00 Name 1: SMRT BUSES LTD

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____