

ASSIGNMENTSurveyor: RasulDOI: 19/08/2021Date / Time : 22/08/2021Registered in Merimen: 22/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SNB 948PClaim No. : 0602957388SGName of Insured : KHOO JUNWEIPolicy No. : 7210058622

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/08/2021Place of Accident : Near Bef Lor 23 GeylangIs 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****SMB 1470E**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMB 1470E : CC3/CTI19015914/Era3q2 ; DOA : 05/09/2019	STAGE DATE / PIC
	SNB 948P : CC3/AIG21008538/Avc ; DOA : 10/08/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
	CLAIMANT - SMRT BUSES LTD	LTA / GIA : ☐ ☐
	TPV: MAN NL 320F - 10,518cc	Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ 4,800.00 (2 days) Reduction: \$446.18 % 9	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/06/2022 Confirm with KAREN	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,800.00	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 1,125.00 (\$ 250 x 4.5 days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.00	
Medical:	S\$ _____	1) Claim status: Normal /Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$320.00
Total:	S\$ 5,932.00 Global Sum S\$ 5,900.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 5,900.00 Name 1: SMRT BUSES LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	