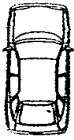


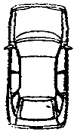
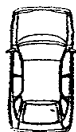
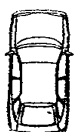
ASSIGNMENTSurveyor: RASULDOI: 20/10/2021Date / Time : 22/10/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : XE 4229XClaim No. : SNM21D205934Name of Insured : CLC MACHINERY PTE LTDPolicy No. : DMCVSNW00084162101

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/10/2021Place of Accident : BLK 413 WOODLANDS ST 41, BS-46369Is 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 8014T**INSRS:
WSP: STRIDES
Tel: AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMB 8014T : X ; XE 4229X : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	CLAIMAINT: SMRT BUSES LTD		Notification ltr (if non-pickup):	
			Call OI:	
	TPV: MAN NG 363F(A24) - 10,518cc		After call ltr to OI:	
			Documentation Check List:	Handler
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			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: P/P	S\$ \$792.00	(2 days) Reduction: \$435.00	% 35	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>07/03/2022</u>	Confirm with <u>KAREN</u>	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 792.00			
Loss of Rental (LOR):	S\$ _____	(_____ days)	OI OVER TAKE TPV AND HIT ONTO TP	
Loss of Use (LOU):	S\$ 625.00	(\$ 250 x 2.5 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)	1) Claim status: ☒ Normal/Reject/Private Settle	
Legal Cost	S\$ _____		2) Report Format: TP	
			3) Survey fee: \$400.00	
Total:	S\$ 1,424.00	Global Sum S\$: 1,400.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 1,400.00	Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		