

ASSIGNMENTSurveyor: RasulDOI: 19/01/2022Date / Time : 21/01/2022Registered in Merimen: 21/01/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GY 1150D

Claim No. : _____

Name of Insured : MHL ENTERPRISES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/12/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMB 180Z**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 180Z : X	STAGE DATE / PIC
	GY 1150D : CC6/AIG20001185/Hks3s2 ; DOA : 16/01/2020	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 ☐ ☐
		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: MRB
Repair Cost: L/S S\$ 2,750.00 (2 days) Reduction: 12 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.06.22 Confirm with KAREN	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 2,750.00		OID REAR ENDED TP WHILE TURNING INTO FILTER LANE
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 1,000.00 (\$ 250 x 4 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
Total: S\$ 3,757.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 16.06.22 Confirm with: KAREN	Email ☐ Call ☐
Payee 1: S\$ 3,757.00 Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		