

ASSIGNMENTSurveyor: **RASUL**DOI: **28/03/2022**Date / Time : **28/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKR 2052L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/03/2022 15:15**Place of Accident : **SLE towards CTE near exit to TPE Exit 1B**

Is driver the owner? (YES / NO) Nature of Accident : _____

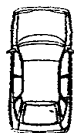
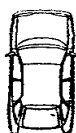
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMB 1631H**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 1631H - NA/CTI22002374/r3; 14/03/2022	Non-Reporting ltr (1st):	
	NS/INC15014475/K1tbn2; 15/08/2015	Non-Reporting ltr (2nd):	
	SKR 2052L - NA/CTI22002374/r3 ; 14/03/2022	Non-Reporting ltr (Final):	
	NBA/CTI21013267/Y ; 28/12/2021	Notification ltr (if non-pickup):	
		Call OI:	
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: MRB		
Repair Cost: P/P	S\$ 1,068.00 (2 days) Reduction: 29 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 15.08.22 Confirm with JIMMY	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,068.00	OI CHANGED LANE HIT TP	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 750.00 (\$ 250 x 3 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.00		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Printed Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 1,825.00 Global Sum S\$: 1,820.00		
FINAL PAYMENT	Date/Time: 15.08.22 Confirm with: JIMMY	Email ☐	Call ☐
Payee 1:	S\$ 1,820.00 Name 1: SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		