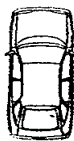


**ASSIGNMENT**Surveyor: Guo QiangDOI: 29/04/2022Date / Time : 30/04/2022Registered in Merimen: 30/04/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMT 7058D

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 19/04/2022 07:02Place of Accident : Bt Timah Rd after BS: 42011 (Sixth Ave Ctr)

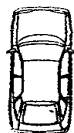
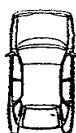
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

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**SG 5759AINSRS:  
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                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <u>SG 5759A - NBA/MSG18016613/k4 ; 11.09.2018</u>       | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | <u>SMT 7058D - CS3/AIG21006018/T1vf3q2 ; 14.05.2021</u> | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      |                                                         | Non-Reporting ltr (Final):                                              |                                                   |
|                                                                                                                                                                      |                                                         | Notification ltr (if non-pickup):                                       |                                                   |
|                                                                                                                                                                      |                                                         | Call OI:                                                                |                                                   |
|                                                                                                                                                                      |                                                         | After call ltr to OI:                                                   |                                                   |
|                                                                                                                                                                      |                                                         | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                         | 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"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                 | Sent By:                                                | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                       | Confirm with:                                           | Confirm by:                                                             |                                                   |
| Repair Cost: <u>L/sum</u> S\$ <u>4,450.00</u> ( <u>4</u> days) Reduction: <u>28</u> %                                                                                |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>15/10/2022</u> Confirm with: <u>Karen</u>                                                                                      |                                                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>10</u>                                                                                           |                                                         | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: S\$ <u>4,450.00</u>                                                                                                                                     |                                                         |                                                                         |                                                   |
| Loss of Rental (LOR): S\$ ( days)                                                                                                                                    |                                                         |                                                                         |                                                   |
| Loss of Use (LOU): S\$ <u>1,800.00</u> (\$ <u>300</u> x <u>6</u> days)                                                                                               |                                                         |                                                                         |                                                   |
| Loss of Income (LOI): S\$ ( \$ x days)                                                                                                                               |                                                         |                                                                         |                                                   |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                         |                                                                         |                                                   |
| GIA/LTA Search S\$ <u>7.00</u>                                                                                                                                       |                                                         |                                                                         |                                                   |
| Medical: S\$                                                                                                                                                         |                                                         | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |                                                         | 2) Report Format: <u>TP</u>                                             |                                                   |
| Legal Cost S\$                                                                                                                                                       |                                                         | 3) Survey fee: <u>\$320.00</u>                                          |                                                   |
| <b>Total:</b> S\$ <u>6,257.00</u>                                                                                                                                    | <b>Global Sum S\$:</b>                                  |                                                                         |                                                   |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1: S\$ <u>6,257.00</u>                                                                                                                                         | Name 1: <u>SMRT BUSES LTD</u>                           |                                                                         |                                                   |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                                 |                                                                         |                                                   |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                                 |                                                                         |                                                   |