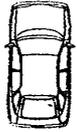


ASSIGNMENT

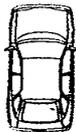
Surveyor: MARCUS DOI: 11/10/2022 Date / Time : 11.10.2022
Registered in Merimen: 11.10.2022

Pre-assign / CCU / FTE

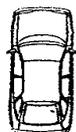
Insured Vehicle No. : CB 8085G Claim No. : _____
Name of Insured : RAFFLES BUS SERVICES PTE LTD Policy No. : SPCM1000001164
Insured Tel No. : _____ HP: _____ Make / Model : Mitsubishi Rosa
Excess Sec II :S\$ _____ D.O.A : 08/10/2022 12:34 Place of Accident : 7 Paya Lebar Rd, Singapore 409002
Is driver the owner? (YES / NO) Nature of Accident : EUNOS LINK TOWARDS JALAN EUNOS
If NO, Driver Name / Age : ZHANG QING HUA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SMV 6516U

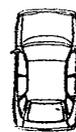
INSRS:
WSP: 2ND AUTO
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Created By	DATE / PIC
	CC4/ASM22004892/Upa3q2 04/07/2022 SMV 6516U SMJ 8741K 22/05/2022 20/07/2022 HMK		
CB 8085G - X			
		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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/SUM</u>	S\$ <u>9,400.00</u>	(<u>9</u> days) Reduction: <u>69</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(_____ days)	
Loss of Use (LOU):	S\$	(\$ _____ x _____ days)	
Loss of Income (LOI):	S\$	(\$ _____ x _____ days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$		
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>\$250.00</u>
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	