15/5/2010

INS. CASE OWNER:

CC3/CTI21004887/Qra3

LKK:

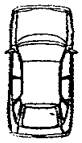
IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 15/04/2021 Date / Time : 15/04/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SFB 8998L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

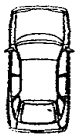
Excess Sec II :S$ D.O.A : 14/04/2021 07:26 Place of Accident :

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

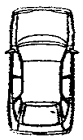
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

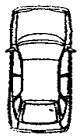
SHB 738A → → →



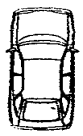
INSRS:
WSP: SMRT ,WL
Tel :
Liability : -> STRIDES
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 738A - CC3/CTI18015155/Nwa3s2 ; 14/08/2018	**STAGE**	**DATE / PIC**
	CS/TIT10024065/T1c ; 03/07/2012	Non-Reporting ltr (1st):	
	NJM/INC09009454/Zy1 ; 30/04/2009	Non-Reporting ltr (2nd):	
	SFB 8998L - CS/FCI16000657/Avbc2 ; 08/01/2016	Non-Reporting ltr (Final):	
	CS/MSG16011464/Kvbn2 ;16/06/2016	Notification ltr (if non-pickup):	
	CS3/CTI21003108/T1vf3e2 ; 08/03/2021	Call OI:	
	NA/AVI08028631/w1; 22/10/2008	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:
Repair Cost: L/SUM	S$ 2,100.00 (3 days) Reduction: 82 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 9/11/2021 Confirm with LEE GEK		Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,100.00	S$ 1,050.00		
Loss of Rental (LOR) 364.50	S$ 182.25 (6 days) x $60.75		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI) 300.00	S$ 150.00 ($ 50 x 6 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/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 400.00
Total:	**S$** 1,389.25	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,389.25	Name 1:	STRIDES TAXI PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	