LKK:

IDAC:

INS. CASE OWNER:

CC3/AIG21005788/T1rs3

ASSIGNMENT

Surveyor: **Taufikh**	DOI: **11/05/2021**	Date / Time : **12/05/2021**
		Registered in Merimen: **12/05/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLB 481S**		Claim No. :
Name of Insured : **NG YEE HIR**		Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : **08/05/2021**	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** / NO

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

SHB 610J ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **SMRT**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 610J : CC3/CTI17009395/K1ya3k2 ; DOA : 10/05/2017	Non-Reporting ltr (1st):	
	SLB 481S : X	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:

Repair Cost: **L/SUM** S$ **1,000.00** (**3** days) Reduction: **89** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **20/10/2021** Confirm with **LEE GEK** Email ✓ Call ☐

		If NO or B 28, Ass. Lia :
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**		
Repair Cost: S$ **1,000.00**		
Loss of Rental (LOR): S$ **535.00** (**4** days) x $133.75		
Loss of Use (LOU): S$ ($ x 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: **320.00**

Total: S$ **1,542.00** **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: S$ **1,542.00**	Name 1: **STRIDES TAXI PTE LTD**	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	