15/5/2010

INS. CASE OWNER:

CC3/AIG21006555/T1ra3

LKK:

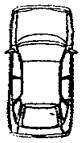
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/06/2021 Date / Time : 08/06/2021

Registered in Merimen: 09/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKE 2920A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

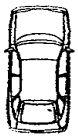
Excess Sec II :S$ D.O.A : 05/06/2021 20:48 Place of Accident : CLEMENTI ROAD JUNCTION

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

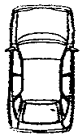
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

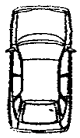
SHB 1051R → → →



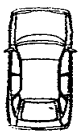
INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 1051R - CC3/AIG09021773/T1wj ; 26/09/2009	**STAGE**	**DATE / PIC**
	CC3/CAI14001706/R1uy3k3 ; 24/01/2014	Non-Reporting ltr (1st):	
	CS/FCI11018793/Gvn ; 17/01/2011	Non-Reporting ltr (2nd):	
	CS/TIT10015032/R1j1 ; 28/07/2010	Non-Reporting ltr (Final):	
	SKE 2920A - X	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: P/P	S$ 2,149.00 (3 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/11/2021 Confirm with LEE GEK		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,149.00		
Loss of Rental (LOR):	S$ 468.68 (4 days) x $117.17		
Loss of Use (LOU):	S$ 200.00 ($ 50 x 4 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/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 320.00
Total:	**S$** 2,824.68	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,824.68	Name 1:	STRIDES TAXI PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	