

ASSIGNMENTSurveyor: **RASUL**DOI: **21/06/2021**Date / Time : **21/06/2021**Registered in Merimen: **21/06/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 220A**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **20/06/2021 21:30**

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**SHD 6128K**INSRS:
WSP: **SMRT ,WL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHD 6128K - CC3/AIG19003852/Jda3q2 ; 13/02/2019	STAGE	DATE / PIC	
	NA/AIG14012047/e1 ; 25/06/2014	Non-Reporting ltr (1st):		
	NA/INC13016203/m2 ; 01/09/2013	Non-Reporting ltr (2nd):		
	NA/INC19002798/z4 ; 13/02/2019	Non-Reporting ltr (Final):		
	NS/INC13007349/T1qu2 ; 19/04/2013	Notification ltr (if non-pickup):		
	NS/INC19008991/Jvd3e2 ; 14/05/2019	Call OI:		
	NS/INC19016523/Evf3e2 ; 16/09/2019	After call ltr to OI:		
	GBK 220A - X	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\$ 3,050.00	(5 days) Reduction: 77 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 8/11/2021	Confirm with LEE GEK	Email ☒	Call ☐
Final Liability:	% 90	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	3,050.00 S\$ 2,745.00			
Loss of Rental (LOR):	749.00 S\$ 674.10	(7 days) x \$107.00		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	350.00 S\$ 315.00	(\$ 50 x 7 days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOU ☒	[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\$ 3,741.10	Global Sum S\$: 3,700.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 3,700.00	Name 1: STRIDES TAXI PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		