15/5/2010

INS. CASE OWNER:

CC3/CTI21007281/R1ea3

LKK:

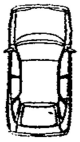
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 02/07/2021 Date / Time : 02/07/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGX 7768M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

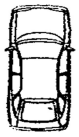
Excess Sec II :S$ D.O.A : 30/06/2021 23:00 Place of Accident :

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

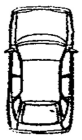
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

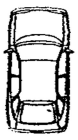
SHC 4705M → → →



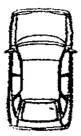
INSRS:
WSP: SMRT , WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 4705M - CC3/AIG19004938/Jkb3s2 ; 15/03/2019 NS/INC13012038/R1gu2 ; 29/06/2013 NS/INC17003053/K1gh3m2 ; 11/02/2017 NS/INC18005512/Svbe2 ; 18/03/2018	**STAGE** **DATE / PIC** Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
	SGX 7768M - CC4/ASM18013666/Apa3s2 ; 25/07/2018 NA/LIP14016613/r3 ; 30/08/2014	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MRB
Repair Cost: L/S	S$ 4,300.00 (5 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27.09.21	Confirm with LEE GEK	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,300.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 520.00 (8 days)	X $65	
Loss of Use (LOU):	S$ - ($ x 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: $400
Total:	**S$** 4,827.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 27.09.21	Confirm with: LEE GEK	Email ☐ Call ☐

Payee 1:	S$ 4,827.00	Name 1:	STRIDES TAXI PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	