15/5/2010

INS. CASE OWNER: CC3/CTI21007863/Ers3

LKK:

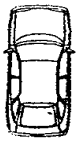
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 22/07/2021 Date / Time : 22/07/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 6228G Claim No. :

Name of Insured : JIT TAI TRADING Policy No. :

Insured Tel No. : HP: Make / Model :

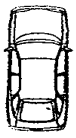
Excess Sec II :S$ D.O.A : 19/07/2021 Place of Accident :

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

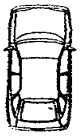
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

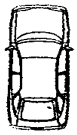
SHB 5537E → → →



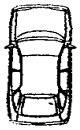
INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 5537E : CC3/AXA14022095/K1ua3w2 ; DOA : 24/11/2014	**STAGE**	**DATE / PIC**
	GBC 6228G : CC6/AIG11024857/Ub1a3y ; DOA : 03/12/2011	Non-Reporting ltr (1st):	
		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:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 11,800.00 (5 days)	Reduction: 47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/12/2021	Confirm with LEE GEK	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 11,800.00		
Loss of Rental (LOR):	S$ 767.76 (7 days)	x $109.68	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 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: 400.00
Total:	**S$** 12,649.76	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐	
Payee 1:	S$ 12,649.76	Name 1:	STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		