

INS. CASE OWNER:

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 02.08.2021Date / Time : 02.08.2021Registered in Merimen: 09/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJD 6621D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 30/07/2021 09:00Place of Accident : CTE

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 1798UINSRS:
WSP: SMRT,WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHB 1798U - CC3/AIG10003474/T1jq2; 20/02/2010</u>	Non-Reporting ltr (1st):	
	<u>CC3/AIG15008891/K1wa3q2 ; 25/05/2015</u>	Non-Reporting ltr (2nd):	
	<u>CS/SMO19012545/Evf3e2; 14/07/2019</u>	Non-Reporting ltr (Final):	
	<u>NS/INC13016229/R1qc3; 29/08/2013</u>	Notification ltr (if non-pickup):	
	<u>SJD 6621D - CC3/AIG17013795/R1ea3q2 ; 15.07.2017</u>	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: <u>XGQ</u>		
Repair Cost: <u>L/S</u> S\$ <u>900.00</u> (<u>2</u> days) Reduction: <u>78</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>04.01.22</u> Confirm with <u>LEE GEK</u> Email ☐ Call ☐		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>900.00</u>		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ <u>471.87</u> (<u>4.5</u> days) X \$104.86			
Loss of Use (LOU): S\$ <u>-</u> (\$ x days)			
Loss of Income (LOI): S\$ <u>-</u> (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>7.00</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$320</u>	
Total: S\$ <u>1,378.87</u> Global Sum S\$:			
FINAL PAYMENT	Date/Time: <u>04.01.22</u> Confirm with: <u>LEE GEK</u> Email ☐ Call ☐		
Payee 1: S\$ <u>1,378.87</u> Name 1: <u>STRIDES TAXI PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			