		LKK:
INS. CASE OWNER:	CC3/AIG21008597/R1rs3	IDAC:

ASSIGNMENT

Surveyor: **Rasul**   DOI: 12/08/2021   Date / Time : 17/08/2021

Registered in Merimen: 17/08/2021

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **GBK 3417E**   Claim No.   :

Name of Insured   : Metaquip TC Industrial Pte Ltd   Policy No.   :

Insured Tel No.   :   HP: Make / Model   :

Excess Sec II :S$ D.O.A : 11/08/2021   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 5217D ⟶   ⟶   ⟶

INSRS: WSP: SMRT Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 5217D : NS/INC21003163/Qqd3n2 ; DOA : 05/03/2021		
	GBK 3417E : CC4/AIG20006693/Kea3q2 ; DOA : 23/06/2020	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: **P/P**   S$ **2,547.12** (**4** days) Reduction: **69** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 3/12/2021 Confirm with **LEE GEK**   Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **2,547.12**	
Loss of Rental (LOR):	S$ **540.00** (**6** days) x **$90.00**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **300.00** ($ **50** x **6** 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: **320.00**
Total:	S$ **3,394.12** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ **3,394.12**	Name 1:	**STRIDES TAXI PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	