

ASSIGNMENTSurveyor: **RASUL**DOI: **25/08/2021**Date / Time : **25/08/2021**Registered in Merimen: **29/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMU 5016H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/08/2021 18:04**Place of Accident : **38 Jln Rumah Tinggi,**

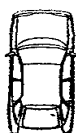
Is driver the owner? (YES / NO) Nature of Accident : _____

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 432G**INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SHB 432G - NJM/INC08033388/Zy1; 20/12/2008	STAGE	DATE / PIC		
	NS/INC16004261/K1qh3n2; 03/03/2016	Non-Reporting ltr (1st):			
	NS/INC16007280/K1qh3n2; 20/04/2016	Non-Reporting ltr (2nd):			
	NS/INC17014267/Sqbe2 ; 20/07/2017	Non-Reporting ltr (Final):			
	SMU 5016H - X	Notification ltr (if non-pickup):			
		Call OI:			
		After call ltr to OI:			
		Documentation Check List:	Handler	Typist	
	TPV: TOYOTA PRIUS (1998cc)	Notification ltr (if non-pickup)	☐	☐	
		After call ltr to OI:	☐	☐	
	CLAIMANT: STRIDES AUTOMOTIVE SERVICES PTE LTD	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: P/P	S\$ \$480.00	(2 days) Reduction: \$4,148.90 % 90	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 14/02/2022	Confirm with LEE GEK	Email ☒ Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 480.00				
Loss of Rental (LOR):	S\$ 198.00	(3 days) x \$66.00	OI COLLIDED ONTO TP STATIONARY VEHICLE.		
Loss of Use (LOU):	S\$	(\$ x days)			
Loss of Income (LOI):	S\$ 150.00	(\$ 50 x 3 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: \$320.00		
Total:	S\$ 835.00	Global Sum S\$: 800.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	S\$ 800.00	Name 1: STRIDES AUTOMOTIVE SERVICES PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			