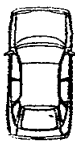


ASSIGNMENTSurveyor: **RASUL**DOI: **15/11/2021**Date / Time : **15/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMX 6558M**Claim No. : **SNM21D206524/C02/SMX6558M/CHEESC**

Name of Insured : _____

Policy No. : **DMPCSNW00040272100**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **12/11/2021 12:30**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

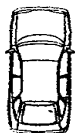
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SHF 1029K**

INSRS:

WSP: **STRIDES**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SHF 1029K - X	SMX 6558M - X	STAGE	DATE / PIC	
			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: MRB		
Repair Cost: L/S	S\$ 3,000.00 (5 days) Reduction: 82 %	Email ☐ Call ☐			
FINAL SETTLEMENT	Date/Time: 10.08.2022 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\$ 3,000.00	OI GO STR ON TURN LEFT LANE ONLY HIT TP			
Loss of Rental (LOR):	S\$ 821.76 (8 days) x \$102.72				
Loss of Use (LOU):	S\$ - (\$ - x - days)				
Loss of Income (LOI):	S\$ 400.00 (\$ 50 x 8 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/Dispute/Settle			
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP			
Legal Cost	S\$ -	3) Survey fee: \$400			
Total:	S\$ 4,228.76	Global Sum S\$: 4,220.00			
FINAL PAYMENT	Date/Time: 10.08.22 Confirm with: LEE GEK	Email ☐ Call ☐			
Payee 1:	S\$ 4,220.00	Name 1: STRIDES TAXI PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			