

ASSIGNMENTSurveyor: XGQDOI: 16/11/2021Date / Time : 16/11/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SJU 9400R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

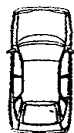
Excess Sec II :\$ _____ D.O.A : 13/11/2021 08:00Place of Accident : UPPER CHANG ROAD / ESSO STATION

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 5561JINSRS:
WSP: STRIDES
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 5561J - CC3/AIG13015258/R1a3q2 ; 16/08/2013</u>	Non-Reporting ltr (1st):	
	<u>CS/TIT08005352/T1wz ; 31/12/2007</u>	Non-Reporting ltr (2nd):	
	<u>SJU 9400R - X</u>	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>XGQ</u>		
Repair Cost: <u>P/P</u>	\$S\$ <u>3,137.84</u> (<u>3</u> days) Reduction: <u>65</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>30.05.22</u> Confirm with: <u>LEE GEK</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ <u>3,137.84</u>	<u>OID HIT TP PARKED VEH</u>	
Loss of Rental (LOR):	\$S\$ <u>677.34</u> (<u>6</u> days) x \$112.89		
Loss of Use (LOU):	\$S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
Loss of Income (LOI):	\$S\$ <u>300.00</u> (\$ <u>50</u> x <u>6</u> 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 Secde	
Disbursement:	\$S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ <u>-</u>	3) Survey fee: <u>\$400</u>	
Total:	\$S\$ <u>4,122.18</u> Global Sum \$S\$: <u>4,120.00</u>		
FINAL PAYMENT	Date/Time: <u>30.05.22</u> Confirm with: <u>LEE GEK</u>	Email ☐	Call ☐
Payee 1:	\$S\$ <u>4,120.00</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: _____		