

**ASSIGNMENT**

Surveyor:

**Rasul**

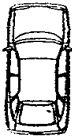
DOI:

**26/11/2021**

Date / Time :

**29/11/2021**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 9772R**

Claim No. : \_\_\_\_\_

Name of Insured : **AAK LOGISTICS SERVICES PTE LTD**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

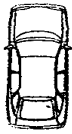
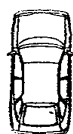
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **24/11/2021**

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 1106S**INSRS:  
WSP: **STRIDES**  
Tel : **AUTOMOTIVE**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                               |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | <b>SHB 1106S : X</b>                                          | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | <b>YP 9772R : CS/CTI20013449/Uvd3q2 ; DOA : 05/12/2020</b>    | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                               | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                               | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                               | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                               | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                               | Call OI:                                                                           |
|                                                                                                                                                                     |                                                               | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                               | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                               | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                     |                                                               | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                               | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                               | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                                                                     |                                                               | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                                                                     |                                                               | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                               | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                                                                     |                                                               | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                                                                     |                                                               | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                                                                     |                                                               | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                                                                     |                                                               | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                               | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                                                                     |                                                               | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                                    | Sent By:                                                                           |
|                                                                                                                                                                     |                                                               | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                               | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                                    | Confirm with:                                                                      |
| Repair Cost: <b>P/P</b>                                                                                                                                             | S\$ <b>11,078.94</b> ( <b>10</b> days) Reduction: <b>97</b> % | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                               | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>30/01/2023</b> Confirm with <b>Lee Gek</b>      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>     | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                                        | S\$ <b>11,078.94</b>                                          |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ <b>3,338.40</b> ( <b>30</b> days) <b>X \$111.28</b>       |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ (\$ x days)                                               |                                                                                    |
| Loss of Income (LOI):                                                                                                                                               | S\$ <b>225.00</b> (\$ <b>50</b> x <b>4.5</b> days)            |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one] |                                                               |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$                                                           |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                           |                                                                                    |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                                  | 1) Claim status: Normal/Reject/Private Settle                                      |
| Legal Cost                                                                                                                                                          | S\$                                                           | 2) Report Format: <b>TP</b>                                                        |
|                                                                                                                                                                     |                                                               | 3) Survey fee: <b>\$400.00</b>                                                     |
| <b>Total:</b>                                                                                                                                                       | S\$ <b>14,642.334</b> Global Sum S\$: <b>14,600.00</b>        |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                    | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                               | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1:                                                                                                                                                            | S\$ <b>14,600.00</b> Name 1: <b>Strides Taxi Pte Ltd</b>      |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ Name 2:                                                   |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ Name 3:                                                   |                                                                                    |