

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: XGQ DOI: 10/12/2021 Date / Time : 10/12/2021  
Registered in Merimen: 13/12/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBH 4865D Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 06/12/2021 11:15 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

**SHC 4745Y**



INSRS:  
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
	<b>SHC 4745Y - NS/INC18002418/R1vbn2; 02/02/2018</b>	Non-Reporting ltr (1st):	
	<b>NS/INC21000802/Qqd3e2; 13/01/2021</b>	Non-Reporting ltr (2nd):	
	<b>GBH 4865D - X</b>	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <b>1,100.00</b> ( <u>3</u> days) Reduction: <u>74</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>29/03/2022</u> Confirm with <u>Lee Gek</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia :
Repair Cost: S\$ <b>1,100.00</b>			
Loss of Rental (LOR): S\$ <b>516.30</b> ( <u>5</u> days) x S\$103.26			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ <b>150.00</b> (\$ <u>50</u> x <u>3</u> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>7.00</b>			
Medical: S\$ _____			1) Claim status: Normal/ <del>Reject/Private Settlement</del>
Disbursement: S\$ _____ (e.g. Tow/ Independent )			2) Report Format: <u>TP</u>
Legal Cost S\$ _____			3) Survey fee: <u>\$320.00</u>
<b>Total:</b> S\$ <b>1,773.30</b> <b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>1,773.30</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:			