

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 24/12/2021Date / Time : 24/12/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : XD 3882XClaim No. : SNM21D204474/C02/XD3882X/LEEPGName of Insured : CLEANWAY DISPOSAL SERVICES PTE LTDPolicy No. : DMCVSNA00004922101

Insured Tel No. : _____ HP: _____

Make / Model : Scania P340CB6X4MHZExcess Sec II :\$ _____ D.O.A : 12/08/2021 10:00Place of Accident : ALONG WOODLANDS AVENUE 3
TOWARDS WOODLANDS
AVENUE 5

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

If NO, Driver Name / Age : CHELLAM GNANAKUMAR

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SHC 4209D**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHC 4209D - CC3/AIG17009754/K1ya3q2; 17/05/2017	STAGE	DATE / PIC	
	CC3/LIP09008156/Zvn; 14/04/2009	Non-Reporting ltr (1st):		
	XD 3882X - CS/CTI20009434/Ayf3q2 ; 03.09.2020	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:	☐	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: XGQ	
Repair Cost: L/S	\$S 11,200.00	(7 days) Reduction: 53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 27.05.22	Confirm with CATHERINE	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 11,200.00	OID CHARGED FOR CARELESS DRIVING		
Loss of Rental (LOR):	\$S 1,337.50	(10 days) x \$133.75		
Loss of Use (LOU):	\$S -	(\$ x days)		
Loss of Income (LOI):	\$S -	(\$ x 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 Settlement		
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$400		
Total:	\$S 12,544.50	Global Sum S\$: 12,540.00		
FINAL PAYMENT	Date/Time: 27.05.22	Confirm with: CATHERINE	Email ☐ Call ☐	
Payee 1:	\$S 12,540.00	Name 1: STRIDES TAXI PTE LTD		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		