

Surveyor:

Rasul

DOI:

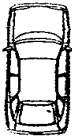
ASSIGNMENT
01/03/2022

Date / Time :

03/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SMR 6504AClaim No. : SNM22D201442Name of Insured : SURIYAMURTHY DHINAKARANPolicy No. : DMPCSNW00247892100

Insured Tel No. : _____ HP: _____

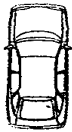
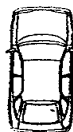
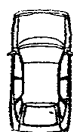
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/02/2022

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SHD 6077ZINSRS:
WSP: STRIDES
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 6077Z : CS/SMR22001884/Evf3 ; DOA : 27/02/2022	STAGE
	SMR 6504A : CS/CTI22001985/Kty3 ; DOA : 27/02/2022	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/sum</u>	S\$ <u>5,250.00</u> (<u>7</u> days) Reduction: <u>84</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>07/09/2022</u>	Confirm with <u>Lee Gek</u>
		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>
Repair Cost:	S\$ <u>5,250.00</u>	
Loss of Rental (LOR):	S\$ <u>924.48</u> (<u>9</u> days) x \$102.72	
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)	
Loss of Income (LOI):	S\$ <u>450.00</u> (\$ <u>50.00</u> x <u>9</u> days) ☒	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	S\$ <u>7.00</u>	
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$400.00</u>
Total:	S\$ <u>6,631.48</u>	Global Sum S\$: <u>6,630.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>6,630.00</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: _____