INS. CASE OWNER:	**CC3/CTI22002393/Rga3**	LKK: IDAC:

ASSIGNMENT

Surveyor: **RASUL** DOI: **14/03/2022** Date / Time : **14/03/2022**
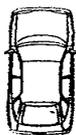
Registered in Merimen: _____

Pre-assign / CCU / FTE

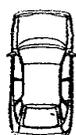|			
Insured Vehicle No.	: **SLT 1375P**	Claim No.	: SNM22D201768
Name of Insured	: H L Car Rental Pte Ltd	Policy No.	: DMHCSNA00004252100
Insured Tel No.	: ____ HP: ____	Make / Model	: ____
Excess Sec II :S$	D.O.A : **12.03.2022 22:55**	Place of Accident :	Near 20 Middle Rd
Is driver the owner?	(YES / NO) Nature of Accident : ____		

If **NO**, Driver Name / Age : Koh Guan Seng

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

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

Insured Liability : ____ % **Final ? Yes / No**

SHB 5798T → → → →
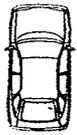
| INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | | INSRS:
WSP:
Tel :
Liability :
RMKS: | | INSRS:
WSP:
Tel :
Liability :
RMKS: |

Date/ Time			
	SHB 5798T - CC3/AIG08005713/Ztn ; 05.01.2008 SLT 1375P - CS/SCD21013214/Kqf3e2 ; 23.12.2021	**STAGE**	**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	
	CLAIMANT - STRIDES TAXI PTE LTD	LTA / GIA :	
		Medical Bill:	
	TPV: T.PRIUS - 1798cc	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: ____

Repair Cost: **PP** S$ **700.00** (**3** days) Reduction: **$3,682.17** % **84** Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: ____ Confirm with: LEE GEK Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 700.00		
Loss of Rental (LOR):	S$ 378.25 (3.5 days) x $108.07		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($ 50 x 3.5 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 Settle	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S$	3) Survey fee: $400.00	
Total:	S$ 1,260.25	**Global Sum S$:**	

FINAL PAYMENT Date/Time: ____ Confirm with: ____ Email ✓ Call ☐

Payee 1:	S$	Name 1: STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	