15/5/2010

LKK:	
INS. CASE OWNER:	**CC3/CTI22002393/Rpa3**	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. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **12.03.2022 22:55** 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 5798T ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **STRIDES**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHB 5798T - CC3/AIG08005713/Ztn ; 05.01.2008		Non-Reporting ltr (1st):	
	SLT 1375P - CS/SCD21013214/Kqf3e2 ; 23.12.2021		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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___

Repair Cost: **P/P** S$ **700.00** (**3** days) Reduction: **84** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **02/11/2022** 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$ **324.21** (**3** days) X $108.07	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **150.00** ($ **50** x **3** 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: **$400.00**
Total:	**S$ 1,181.21** Global Sum S$: **1,180.00**	

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

Payee 1:	S$ **1,180.00**	Name 1:	**Strides Taxi Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	