

ASSIGNMENTSurveyor: **RASUL**DOI: **31/03/2022**Date / Time : **31/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XD 5657S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **21/03/2022 17:03**

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**SG 5423T**

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
	SG 5423T - CS/SMR21005905/Euf3n2 ; 08/03/2021	Non-Reporting ltr (1st):	
	NA/AIG18020272/z4 ; 07/11/2018	Non-Reporting ltr (2nd):	
	XD 5657S - CC6/CAI14020746/Kwa3n2 ; 31.10.2014	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:	
Repair Cost: L/Sum S\$ 1,050.00 (1 days) Reduction: 28 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 12/05/2023 Confirm with Jimmy		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 1,050.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 350.00 (\$ x 1 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 Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$400	
Total: S\$ 1,407.00	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 1,407.00	Name 1: STRIDES AUTOMOTIVE SERVICES PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		