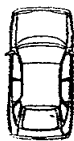


ASSIGNMENT

(REPLACE)

Surveyor: XING GUO QIANGDOI: 12/04/2022Date / Time : 12/04/2022Registered in Merimen: 10/04/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 1181U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 10/04/2022

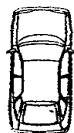
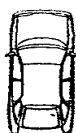
Place of Accident : _____

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

If NO, Driver Name / Age : _____

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

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

Insured Liability : % **Final ? Yes / No**SHB 1169KINSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SHB 1169K - CS/EGI22000543/Rvf3e2 ; 13/01/2022</u>	STAGE	DATE / PIC
	<u>NA/III10008440/c2; 30/04/2010</u>	Non-Reporting ltr (1st):	
	<u>NJM/INC10016364/R1j1; 17/08/2010</u>	Non-Reporting ltr (2nd):	
	<u>NS/INC18004823/R1vbe2; 12/03/2018</u>	Non-Reporting ltr (Final):	
	<u>SMA 1181U - X</u>	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: <u>P/P</u>	S\$ <u>967.61</u> (<u>2</u> days) Reduction: <u>81</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>04/10/2022</u>	Confirm with <u>Lee Gek</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>967.61</u>		
Loss of Rental (LOR):	S\$ <u>270.18</u> (<u>2.5</u> days) x \$108.07		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[Tick only one]		
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		1) Claim status: Normal/ Reject / Print / <u>Settle</u>
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>1,362.79</u>	Global Sum S\$: <u>1,360.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>1,360.00</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: _____	