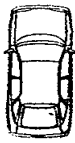


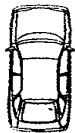
ASSIGNMENT

Surveyor: **KENNETH** DOI: **10/05/2022** Date / Time : **10/05/2022**
 Registered in Merimen: **12/05/2022**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJJ 5330T** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **07.05.2022 11:45** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

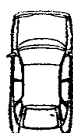
If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 5105T

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
SHB 5105T -	CC3/AIG09009356/Zn1w 11/08/2009 SHB 5105T SJK 1887A 26/04/2009 12/08/2009 SH1	
	CC3/AIG16009635/K1yg3q2 05/07/2016 SHB 5105T SFH 1990Y 23/05/2016 11/07/2016 LSH1	
	CC3/AXA14009634/Fry3w2 16/10/2014 SHB 5105T SGS 6353J 21/05/2014 17/10/2014 RYS	
	CC3/CTI21001800/Qea3q2 14/06/2021 SHB 5105T SLU 7085G 29/01/2021 17/06/2021 HRS	
	CS/SMR22002015/Aqy3 03/03/2022 SMT 3267T SHB 5105T 26/02/2022 NMY	
	CS/TH09026003/T1q1 07/12/2009 SHB 5105T 13/11/2009 09/12/2009 MTH	
	CS/TIT10024631/T1j1 28/09/2011 SHB 5105T 02/12/2010 03/10/2011 MTH	
	NS/INC16017056/K1gh3c2 30/09/2016 SHB 5105T SGU 4225Z 08/09/2016 05/10/2016 CCY	
	NS/INC18003813/Svbe2 13/03/2018 SHB 5105T SLC 7621D 19/02/2018 14/03/2018 CKL	
	NS/INC18008617/Ssbn2 01/06/2018 SHB 5105T SKM 4429Y 04/05/2018 01/06/2018 CKL	
	SJJ 5330T - X	
	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\$ 400.00 (2 days) Reduction: 93 %	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 03/08/2022 Confirm with Lee Gek	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 400.00		
Loss of Rental (LOR): S\$ 210.00 (3 days) x \$70.00		
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: \$320.00	
Total: S\$ 767.00	Global Sum S\$: 760.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 760.00	Name 1: Strides Taxi Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	