15/5/2010

INS. CASE OWNER:

CC3/AIG22004794/Rga3

LKK:

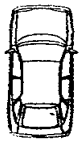
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 17/05/2022 Date / Time : 17/05/2022

Registered in Merimen: 23/05/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 4990X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

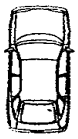
Excess Sec II :S$ D.O.A : 13.05.2022 10:40 Place of Accident : IN FRONT OF MSCP @ 152A BISHAN ST 11 (571152)

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

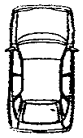
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

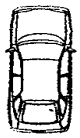
SHB 5798T → → →



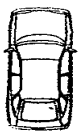
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



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	**STAGE**	**DATE / PIC**
	CC3/CTI22002393/Rga3 ; 12/03/2022	Non-Reporting ltr (1st):	
	SMC 4990X - X	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 :	☐ ☐
	CLAIMANT - STRIDES TAXI PTE LTD	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	TPV:T.PRIUS - 1798cc	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: LS	S$ 2200.00 (5 days) Reduction: 11899.12	% 84	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with LEE GEK	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,200.00		
Loss of Rental (LOR):	S$ 700.00 (10 days) x $70.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 275.00 ($ 50 x 5.5 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: $320.00
Total:	**S$** 3,182.00	**Global Sum S$:** 3,150.00	

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:		