

ASSIGNMENTSurveyor: KENNETHDOI: 31/05/2022Date / Time : 31/05/2022Registered in Merimen: 01/06/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLC 3576C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

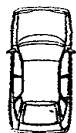
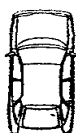
Excess Sec II : \$ _____ D.O.A : 28/05/2022 16:28Place of Accident : CTE TOWARDS SLE

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 5102BINSRS:
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
	<u>SHB 5102B - NS/INC10026069/R1y1j1 ; 24.12.2010</u>		
	<u>SLC 3576C - X</u>		
		Non-Reporting ltr (1st):	
		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>KSC</u>	
Repair Cost:	<u>P/P</u> S\$ <u>2,057.49</u> (<u>3</u> days) Reduction: <u>85%</u>	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>19.09.22</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>2,057.49</u>	<u>OI REAR ENDED TP</u>	
Loss of Rental (LOR):	S\$ <u>365.00</u> (<u>5</u> days) x \$ <u>73</u>		
Loss of Use (LOU):	S\$ <u>-</u> (\$ <u>x</u> days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ <u>x</u> days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.00</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>2,429.49</u> Global Sum S\$: <u>2,420.00</u>		
FINAL PAYMENT	Date/Time: <u>19.09.22</u> Confirm with: <u>LEE GEK</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>2,420.00</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: _____		