

ASSIGNMENT

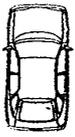
Surveyor: RASUL DOI: 08/06/2022 Date / Time : 08.06.2022
 Registered in Merimen: 14.06.2022

Pre-assign / CCU / FTE

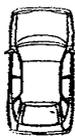


Insured Vehicle No. : SMR 2791M Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 05/06/2022 11:15 Place of Accident : Near 128 Bukit Merah View, Block 128, Singapore 150128
 Is driver the owner? (YES / NO) Nature of Accident : _____ **LOWER DELTA ROAD**
 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**

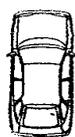
SHB 1270A



INSRS: _____
 WSP: **STRIDES**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



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 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	Reference Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	Created By	DATE / PIC	
	NA/INC1500#560/d2 09/06/2015	NAKULAN THIRUMALINGGAM SKJ 6341T	SHB 1270A	SKJ 6341T	07/03/2015	10/06/2015	Non-Reporting Itr (1st):	NLS		
	NS/INC1500#265/R1vbk3 22/04/2015	SHB 1270A SKJ 6341T	07/03/2015	24/04/2015			Non-Reporting Itr (2nd):			
							Non-Reporting Itr (Final):			
							Notification Itr (if non-pickup):			
							Call OI:			
							After call Itr to OI:			
							Documentation Check List: Handler Typist			
							Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>	
							After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>	
							Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>	
							Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
							Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
							Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
							Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
							LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
							Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
							PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
							Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
							LOD	<input type="checkbox"/>	<input type="checkbox"/>	
							Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
							Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
							Others:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____										
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____										
Repair Cost:	P/P	S\$ 961.60	(3 days)	Reduction:	91 %		Email	<input type="checkbox"/>	Call	<input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>12/01/23</u> Confirm with <u>Lee Gek</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>										
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	NIL		If NO or B 28, Ass. Lia :			
Repair Cost:	S\$	961.60								
Loss of Rental (LOR):	S\$	400.72	(3.5 days)	x	S\$114.49					
Loss of Use (LOU):	S\$		(\$ x days)							
Loss of Income (LOI):	S\$	175.00	(\$ 50 x 3.5 days)							
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$	7.00								
Medical:	S\$						1) Claim status: Normal/Reject/Private Settled			
Disbursement:	S\$		(e.g. Tow/ Independent)				2) Report Format:	TP		
Legal Cost	S\$						3) Survey fee:	\$320.00		
Total:	S\$	1,544.32		Global Sum	S\$: 1,500.00					
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>										
Payee 1:	S\$	1,500.00	Name 1:	Strides Taxi Pte Ltd						
Payee 2: (Strike if N.A.)	S\$		Name 2:							
Payee 3: (Strike if N.A.)	S\$		Name 3:							