

ASSIGNMENT

Surveyor: Mohd Taufikh

DOI: 10/06/2022

Date / Time : 10.06.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GX 8364M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 08/06/2022 08:00

Place of Accident : Desker Rd, Singapore

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SHC 4500L



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Data Created By				DATE / PIC
SHC 4500L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CS/EG117023584/R11bn2 22/01/2018 SHC 4500L YP 5943R 11/12/2017 22/01/2018 NVT				Non-Reporting ltr (1st):
	CS/SMR21005282/R1vf3e2 17/01/2022 SLS 3649S SHC 4500L 07/04/2021 17/01/2022 LST1				Non-Reporting ltr (2nd):
	CS/SMR22001389/Kvf3n2 23/02/2022 SML 5700M SHC 4500L 09/02/2022 24/02/2022				Non-Reporting ltr (Final):
	CS/TIT10006092/T1y1 21/04/2010 SHC 4500L 25/03/2010 26/04/2010 MTH				Notification ltr (if non-pickup):
	NS/INC16001780/K1tbc2 15/03/2016 SHC 4500L GBC 7205R 25/01/2016 17/03/2016 CK				Call OI:
	NS/INC16014869/K1tbc2 07/09/2016 SHC 4500L YN 7757J 08/08/2016 13/09/2016 CK				After call ltr to OI:
	NS/INC17018428/Stbe2 01/11/2017 SHC 4500L SGP 216C 23/09/2017 04/11/2017 CK				Documentation Check List: Handler Typist
GX 8364M - X					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: L/Sum	S\$ 1,050.00	(2 days)	Reduction: 90 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/01/2023	Confirm with Lee Gek		Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,050.00				
Loss of Rental (LOR):	S\$ 396.00	(6 days)	@\$66		
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ 300.00 (\$ x days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]				
GIA/LTA Search	S\$				
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: \$400			
Total:	S\$ 1,746.00	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒ Call ☐	
Payee 1:	S\$ 1,746.00	Name 1:	STRIDES TAXI PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			