15/5/2010

INS. CASE OWNER: CC3/AIG22006293/Tya3q2

LKK:

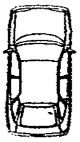
IDAC:

ASSIGNMENT

Surveyor: Taufikh   DOI: 01/07/2022   Date / Time : 01/07/2022

Registered in Merimen: 01.07.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 7712P   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

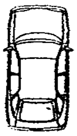
Excess Sec II :S$ D.O.A : 29/06/2022 18:40   Place of Accident : JALAN DATOH

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

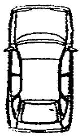
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

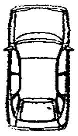
SHD 6480S →   →   →



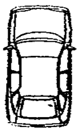
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHD 6480S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE	DATE / PIC
	CC3/AIG12011058/R1st2q2 24/09/2012 SHD 6480S SJS 6374M 02/06/2012 26/09/2012 MRB	Non-Reporting ltr (1st):	
	NS/INC14006382/K1tm3u2 17/04/2014 SHD 6480S PA 611S 02/04/2014 23/04/2014 BPL	Non-Reporting ltr (2nd):	
SJS 7712P - X		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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/Sum	S$ 2,650.00 (7 days)	Reduction: 84 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/02/2023	Confirm with Lee Gek	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,650.00		
Loss of Rental (LOR):	S$ 561.00 (8.5 days) @$66		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ 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: $320
Total:	**S$** 3,211.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,211.00	Name 1: STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	