

ASSIGNMENTSurveyor: **RASUL**DOI: **05/09/2022**Date / Time : **02.09.2022**Registered in Merimen: **02.09.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNE 1658D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/09/2022 15:10**

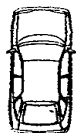
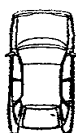
Place of Accident : _____

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 883M**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
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	DATE / PIC
SHB 883M	CC3/AIG12008805/R1sg2y	15/08/2012	SHB 883M SJD 5763J	28/04/2012	27/08/2012	MFB	Non-Reporting ltr (1st):	
	CC3/AIG15012273/K1ya3n2	20/11/2015	SHB 883M SKU 3233J	20/07/2015	23/11/2015	LYN	Non-Reporting ltr (2nd):	
SNE 1658D - X							Non-Reporting ltr (Final):	
							Notification ltr (if non-pickup):	
							Call OI:	
							After call ltr to OI:	
							Documentation Check List:	
							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: Part by Part	S\$ 2,969.24	(5 days)	Reduction: 77	%			Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 25/01/2023	Confirm with Lee Gek			Email ☒	Call ☐		
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : B9		If NO or B 28, Ass. Lia :			
Repair Cost:	S\$ 2,969.24							
Loss of Rental (LOR):	S\$ 545.70	(6 days)	@\$90.95					
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\$ 2.00							
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			
Total:	S\$ 3,516.94		Global Sum S\$:					
FINAL PAYMENT	Date/Time:		Confirm with:		Email ☒	Call ☐		
Payee 1:	S\$ 3,516.94	Name 1:	STRIDES TAXI PTE LTD					
Payee 2: (Strike if N.A.)	S\$	Name 2:						
Payee 3: (Strike if N.A.)	S\$	Name 3:						