

ASSIGNMENTSurveyor: Mohd RasulDOI: 13/09/2022Date / Time : 13.09.2022Registered in Merimen: 13.09.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLJ 4023M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 12/09/2022 16:34Place of Accident : Lor 23 Geylang, 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****SHF 33D**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By
SHF 33D - Reference	CC3/AXA15007186/K1pm3s2	27/11/2015	SHF 33D	SJL 7602K	24/04/2015	30/11/2015	BPL
NA/INC12019007/s2	01/10/2012	ENG CHE NAYP GN 6646R	SHF 33D	33D 24/09/2012	08/10/2012	SLK	
NA/MSG14018196/n4	24/09/2014	LOH YUNG CHIANG SGF 9771J	SHF 33D	24/09/2014	26/09/2014	NAB1	
NA/MSG21003824/h4	25/03/2021	BEK ZHI EN LESTER FF 1616P	SHF 33D	18/03/2021	14/04/2021	LSH	
NS/INC13009471/R1y1u2	28/06/2013	SHF 33D	SGX 8299T	26/05/2013	02/07/2013	MRB	
SLJ 4023M - X							
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____							
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____							
Repair Cost: Part by Part S\$ 1,516.69 (3 days) Reduction: 84 % Email ☐ Call ☐							
FINAL SETTLEMENT Date/Time: 14/03/2023 Confirm with Lee Gek Email ☒ Call ☐							
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia :							
Repair Cost: S\$ 1,516.69							
Loss of Rental (LOR): S\$ 296.93 (3.75 days) @ \$79.18							
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)							
Loss of Income (LOI): S\$ 187.50 (\$ 50 x 3.75 days)							
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]							
GIA/LTA Search S\$ 2.00							
Medical: S\$ _____							
Disbursement: S\$ _____ (e.g. Tow/ Independent)							
Legal Cost S\$ _____							
Total: S\$ 2,003.12 Global Sum S\$:							
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐							
Payee 1: S\$ 2,003.12 Name 1: STRIDES TAXI PTE LTD							
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____							
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____							