CC3/CTI22009609/Kya3q2

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Kenneth**   DOI: **29/09/2022**   Date / Time : **29/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKC 7332A**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **28/09/2022 09:49**   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 1161G → →   →

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

Date/ Time

SHB 1161G - X
SKC 7332A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/LPC18018218/Ahb3n2 16/08/2019 YM 101C SKC 7332A 04/10/2018 16/08/2019 LSP
CC6/CTI20009505/Uga3q2 10/04/2021 SKN 2519D SKC 7332A 05/09/2020 16/04/2021 HMK

STAGE	DATE / PIC
Accident Date Close Date Created By	
1/2 Reporting :	
Rental :	
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: **Part by Part** S$ **2,783.59** (**2** days) Reduction: **77** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **21/03/2023** Confirm with: **Lee Gek** Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **2,783.59**	
Loss of Rental (LOR):	S$ **432.28** (**4** days) @$**108.07**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **200.00** ($ **50** x **4** 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: **$400**
Total:	S$ **3,415.87** Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ **3,415.87**	Name 1: **STRIDES TAXI PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: