

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **09/12/2022**Registered in Merimen: **10/12/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMU 2095Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **09/12/2022 00:40**Place of Accident : **PIE TOWARDS CHANGI**

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 952Y**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	Created By	DATE / PIC
SHB 952Y -	CC3/AIG09024146/T1m1jg1 24/08/2010 SHB 952Y SJK 6091P 25/10/2009 26/08/2010 MRB	Non-Reporting ltr (1st):	
	CC3/AIG13013443/R1ue3q2 16/12/2014 SHB 952Y SKC 8112L 19/08/2013 19/12/2014 MRB	Non-Reporting ltr (2nd):	
	NBA/INC16016843/Y 08/09/2016 KHAN ASHRAF ALI FBC 7308C SHB 952Y 31/08/2016 TCE	Non-Reporting ltr (Final):	
	NJM/INC09006648/Zy1 06/04/2009 SHB 952Y SJK 2594M 26/03/2009 08/04/2009 TCE	Notification ltr (if non-pickup):	
	NS/INC12014308/R1m 03/09/2012 SHB 952Y GU 6517T 22/07/2012 03/09/2012 MRB	Call OI:	
SMU 2095Z - X		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: P/P	S\$ 2,947.23 (5 days) Reduction: 79 %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 28/07/2023 Confirm with ANA	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 21	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,947.23		
Loss of Rental (LOR):	S\$ 475.08 (6 days) x S\$79.18		
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: \$320.00	
Total:	S\$ 3,424.31 Global Sum S\$: 3,400.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 3,400.00 Name 1: Strides Taxi Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		