

ASSIGNMENTSurveyor: **KENNETH**DOI: **15/12/2022**Date / Time : **15/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMK 7441C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **15/12/2022**

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**SHF 279L**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
SHF 279L	NS/INC14019514/K1VJ3K3	10/11/2014	SHF 279L	SGK 3538E	09/10/2014	11/11/2014	KYK	Non-Reporting ltr (1st):	
SMK 7441C	CC6/CTI22012550/pa3	15/12/2022	SMG 2438S	SMK 7441C	15/12/2022	HMK		Non-Reporting ltr (2nd):	
								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:	☐
								Post-Repair Photos:	☐
								Others:	☐
PRELIMINARY ADVICE	Date/Time:						Sent By:		
FINALIZATION	Date/Time:						Confirm with:		
Repair Cost: Part by Part	S\$ 644.33	(2 days)	Reduction: 90	%					
FINAL SETTLEMENT	Date/Time: 19/05/2023						Confirm with: Ashlene	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28 (Ass.100%)					If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 644.33								
Loss of Rental (LOR):	S\$ 132.00	(1.5 days)	@\$88						
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)							
Loss of Income (LOI):	S\$ 75.00	(\$ 50 x 1.5 days)							
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOU ☒	[Tick only one]					
GIA/LTA Search	S\$ 2.00								
Medical:	S\$ _____								
Disbursement:	S\$ _____	(e.g. Tow/ Independent)					1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$ _____						2) Report Format: TP		
Total:	S\$ 853.33	Global Sum S\$:					3) Survey fee: \$400		
FINAL PAYMENT	Date/Time:						Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 853.33	Name 1:	STRIDES TAXI PTE LTD						
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:							
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:							