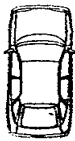


INS. CASE OWNER:

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

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKL 3843X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

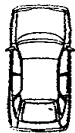
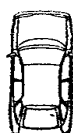
Excess Sec II : \$ _____ D.O.A : **14/12/2022 15:35**Place of Accident : **BISHAN STREET 14 TOWARDS BRADDELL ROAD**

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 1700B**INSRS:
WSP: **STRIDES**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Damage	Reported By	DATE / PIC
SHB 1700B - Reference Entry Date	CC3/CTI22012666/Kya3q2	SHB 1700B	SJL 4357M	18/06/2022	HMK	Non-Reporting ltr (1st):		
SHB 1700B - Reference Entry Date	CS/TIT08007550/Rvz 14/03/2008	SFX 1139E	SHB 1700B	18/02/2008	26/03/2008	Non-Reporting ltr (2nd):		
SHB 1700B - Reference Entry Date	CS/TIT10020682/R1y1 27/10/2010	SHB 1700B	15/10/2010	30/10/2010	MRB	Non-Reporting ltr (Final):		
SHB 1700B - Reference Entry Date	NJM/INC10009083/R1y1 20/05/2010	SHB 1700B	SGG 2160M	07/05/2010	01/06/2010	Notification ltr (if non-pickup):		
SHB 1700B - Reference Entry Date	NS/INC17023252/Sib2 08/01/2018	SHB 1700B	FBG 5631K	03/12/2017	10/01/2018	CK		
SKL 3843X - Reference Entry Date	CS/GA116021628/Ggh3m2 20/02/2017	SKL 3843X	SGP 2779G	12/11/2016	27/02/2017	CV		
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\$ 1,767.58 (3 days) Reduction: 71 % Email ☐ Call ☐								
FINAL SETTLEMENT Date/Time: 11/04/2023 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\$ 1,767.58								
Loss of Rental (LOR): S\$ 517.88 (5.5 days) @\$94.16								
Loss of Use (LOU): S\$ (\$ x days)								
Loss of Income (LOI): S\$ 275.00 (\$ 50 x 5.5 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\$								
1) Claim status: Normal/Reject/Dispute/Settle								
2) Report Format: TP								
3) Survey fee: \$400								
Total: S\$ 2,562.46 Global Sum S\$:								
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐								
Payee 1: S\$ 2,562.46 Name 1: STRIDES TAXI PTE LTD								
Payee 2: (Strike if N.A.) S\$ Name 2:								
Payee 3: (Strike if N.A.) S\$ Name 3:								