

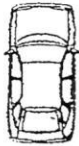
INS. CASE OWNER:

~~CC 4 / AIG 2000 5579 / T1rs3~~

ASSIGNMENT

Surveyor: TAUFIKHDOI: 05/05/2020Date / Time : 05/05/2020Registered in Merimen: 06/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMP 7011J

Claim No. : _____

Name of Insured : ETHIRAJ ARAVINDAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 04/05/2020

Place of Accident : _____

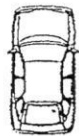
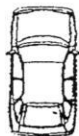
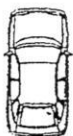
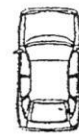
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SFA 1604A

INSRS:
WSP: RYDER
Tel: AUTO
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SFA 1604A : X ; SMP 7011J : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		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: L/SUM	\$S 3,500.00 (3 days) Reduction: 38 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 20.4.2021 Confirm with ORSON	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost: W/GST	\$S 3,745.00		
Loss of Rental (LOR):	\$S 280.00 (2 days) x \$140.00		
Loss of Use (LOU):	\$S 200.00 (\$100 x 2 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☒ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 31.00		
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 4,256.00 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 4,256.00 Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		