

ASSIGNMENTSurveyor: **STEVE**DOI: **20.07.2020**Date / Time : **20.07.2020**Registered in Merimen: **20.07.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBE 628P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **17/07/2020 08:00** Place of Accident : **SLIP RD PIE TWDS CORPORATION RD**

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

If NO, Driver Name / Age :

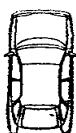
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJU 4781ZINSRS:
WSP: **RYDER AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJU 4781Z - CC4/LPC16015211/H1pb3n2 ; 15/08/2016	Non-Reporting ltr (1st):	
	NA/CTI20007413/r3 ; 17/07/2020	Non-Reporting ltr (2nd):	
	GBE 628P - NA/CTI20007413/r3 ; 17/07/2020	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/SUM	\$S 6,400.00 (8 days) Reduction: 24 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 03/8/2021 Confirm with ZEPH	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 6,848.00		
Loss of Rental (LOR):	\$S 600.00 (6 days) x \$100.00		
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 31.00		
Medical:	\$S	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S 100.00 (e.g. Tow /Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: 320.00	
Total:	\$S 7,579.00 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S 7,579.00 Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		