

INS. CASE OWNER:

~~CC4 / AIG 2000 8337 / Eps3~~

ASSIGNMENT

Surveyor:

STEVE

DOI:

13/08/2020

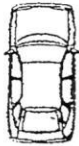
Date / Time :

12/08/2020

Registered in Merimen:

12/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 4455H

Claim No. : _____

Name of Insured : SHEN ZHONGXIANG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 12/08/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

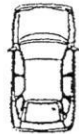
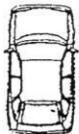
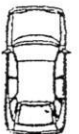
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMD 3160B

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

Date/ Time	SMD 3160B : SLR 4455H : NA/AIG20008332/r3 ; DOA : 12/08/2020		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:	☐ ☐
16/03/2021	Pls refer to VIEWS for details.			
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	P/P	S\$ 13,421.13 (14 days) Reduction: 36 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 16/03/2021 Confirm with Orson Email ☒ Call ☐				
Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	100
Repair Cost:	w/GST	S\$ 14,360.61		
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	960.00 (\$ 60 x 16 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\$	15,322.61 Global Sum S\$: 15,320.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1:	S\$	15,320.00 Name 1: Ryder Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		