

INS. CASE OWNER:

CC 4 /AIG 2000 8541 / Ees3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

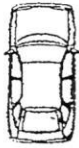
STEVE

DOI: 18/08/2020

Date / Time : 17/08/2020

Registered in Merimen: 17/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKR 8846Z**
 Name of Insured : **Stephen Tan Suan Huang**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$\$ _____ D.O.A : **13/08/2020**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

If NO, Driver Name / Age :

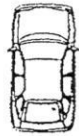
Driver Tel No. :

(V/L: YES / NO)

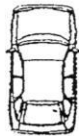
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

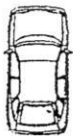
SKQ 633D



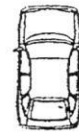
INSRS:
WSP: **RYDER**
Tel: **AUTO**
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	SKQ 633D : X ; SKR 8846Z : X	STAGE	DATE / PIC
20/08/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	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: CTY			
Repair Cost: L/S S\$ 1,700.00 (3 days) Reduction: 52 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 15.10.20 Confirm with JUNE Email ☐ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : OID MAE A UTURN AND REAR ENDED TP			
Repair Cost: w/GST S\$ 1,819.00			
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 400.00 (\$ 100 x 4 days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 17.00			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ 2,236.00 Global Sum S\$: _____			
FINAL PAYMENT Date/Time: 15.10.20 Confirm with: JUNE Email ☐ Call ☐			
Payee 1: S\$ 2,236.00 Name 1: RYDER AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			