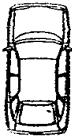


ASSIGNMENTSurveyor: AdrianDOI: 23/09/2020Date / Time : 23/09/2020Registered in Merimen: 23/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SFK 32D

Claim No. : _____

Name of Insured : MAK KWOK LEONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

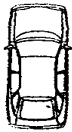
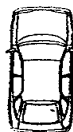
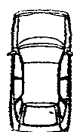
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/09/2020

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****SGV 3916P**INSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGV 3916P : <u>NA/INC20010145/h4 ; DOA : 22/09/2020</u>		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
			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/S	S\$ 2900.00	(6 days) Reduction: 3372.81	% 54	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>03/03/2021</u>	Confirm with <u>ZEPH</u>	Email ☒	Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 3103.00	W/GST		
Loss of Rental (LOR):	S\$	(days)		C.C (OI 2ND)
Loss of Use (LOU):	S\$ 480.00	(\$ 60 x 8 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐	[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\$ 3614.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Cal ☐
Payee 1:	S\$ <u>3614.00</u>	Name 1:	RYDER AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		