

ASSIGNMENT

Surveyor: STEVE

DOI: 20/10/2020

Date / Time : 20/10/2020

Registered in Merimen: 20/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 3696U

Claim No. : _____

Name of Insured : SIM CHEE SIONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 18/10/2020

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**

SKC 290H



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKC 290H : X ; SLU 3696U : 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	\$S 5,000.00	(12 days) Reduction: 22 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 24/11/2020	Confirm with ORSON	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100% (Ass:0%)B28	
Repair Cost: W/GST	\$S 5,350.00			
Loss of Rental (LOR):	\$S _____	(_____ days)		
Loss of Use (LOU):	\$S 900.00	(\$ 60 x 15 days)		
Loss of Income (LOI):	\$S _____	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> [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 6,281.00	Global Sum \$S:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S 6,281.00	Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	\$S _____	Name 2:		
Payee 3: (Strike if N.A.)	\$S _____	Name 3:		