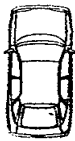


**ASSIGNMENT**Surveyor: **ADRIAN**

DOI: \_\_\_\_\_

Date / Time : **26.10.2020**Registered in Merimen: **26.10.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMR 3540P**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **24/10/2020**

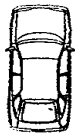
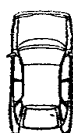
Place of Accident : \_\_\_\_\_

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****SMR 4371D**INSRS:  
WSP: **RYDER  
AUTO**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                |                                         |                      |                                   |                                     |                          |
|-----------------------------------------------------------|-----------------------------------------|----------------------|-----------------------------------|-------------------------------------|--------------------------|
|                                                           | <b>SMR 4371D - X</b>                    | <b>SMR 3540P - X</b> | <b>STAGE</b>                      | <b>DATE / PIC</b>                   |                          |
|                                                           |                                         |                      | Non-Reporting ltr (1st):          |                                     |                          |
|                                                           |                                         |                      | Non-Reporting ltr (2nd):          |                                     |                          |
|                                                           |                                         |                      | Non-Reporting ltr (Final):        |                                     |                          |
|                                                           |                                         |                      | Notification ltr (if non-pickup): |                                     |                          |
|                                                           |                                         |                      | Call OI:                          |                                     |                          |
|                                                           |                                         |                      | After call ltr to OI:             |                                     |                          |
|                                                           |                                         |                      | <b>Documentation Check List:</b>  | <b>Handler</b>                      | <b>Typist</b>            |
|                                                           |                                         |                      | Notification ltr (if non-pickup)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | After call ltr to OI:             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Authorisation To Act:             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Release Voucher:                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Final Repair Bill:                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Car Rental Invoice:               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Towing Invoice                    | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>07/04/2021</b>                                         | <b>SETTLED AND CLOSED / NO PHY FILE</b> |                      | LTA / GIA :                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Medical Bill:                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                           |                                         |                      | PIR:                              | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                           |                                         |                      | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | LOD                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                           |                                         |                      | Payment Breakdown Form:           |                                     | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____ |                                         |                      | Post-Repair Photos:               | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                           |                                         |                      | Others:                           | <input type="checkbox"/>            | <input type="checkbox"/> |

|                                                                                                                                                                      |                                                                 |                                                                         |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                                | Confirm with: _____                                                     | Confirm by: _____                             |
| Repair Cost: <b>L/S</b>                                                                                                                                              | S\$ <b>11,500.00</b> ( <b>9</b> days) Reduction: <b>45.39</b> % | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                               |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>06/04/2021</b> Confirm with <b>JUNE</b>           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                               |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>       | If NO or B 28, Ass. Lia : <b>0%</b>                                     |                                               |
| Repair Cost: (W/GST)                                                                                                                                                 | S\$ <b>12,305.00</b>                                            |                                                                         |                                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>1,170.00</b> ( <b>9</b> days) x \$130.00                 |                                                                         |                                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                 |                                                                         |                                               |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                                 |                                                                         |                                               |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                 |                                                                         |                                               |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>31.00</b>                                                |                                                                         |                                               |
| Medical:                                                                                                                                                             | S\$                                                             |                                                                         | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                    |                                                                         | 2) Report Format: <b>TP</b>                   |
| Legal Cost                                                                                                                                                           | S\$                                                             |                                                                         | 3) Survey fee: <b>\$320.00</b>                |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>13,506.00</b> Global Sum S\$: <b>13,500.00</b>           |                                                                         |                                               |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                            | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                               |
| Payee 1:                                                                                                                                                             | S\$ <b>13,500.00</b> Name 1: <b>RYDER AUTO PTE LTD</b>          |                                                                         |                                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                     |                                                                         |                                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                     |                                                                         |                                               |