

ASSIGNMENTSurveyor: AdrianDOI: 10/12/2020Date / Time : 10.12.2020Registered in Merimen: 10.12.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMN 8037P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 10.12.2020

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**SDD 525JINSRS:
WSP: RYDER
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SDD 525J - NA/CTI20013677/h4 ; 10/12/2020</u>	Non-Reporting ltr (1st):	
	<u>NA/INC20013650/h4 ; 10/12/2020</u>	Non-Reporting ltr (2nd):	
	<u>SMN 8037P - CS/AIG20013688/Eqd3 ; 10.12.2020</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>14/10/202</u>	<u>Pls refer to VIEWS for details.</u>	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: _____		
Repair Cost: <u>L/sum</u>	\$S\$ <u>35,000.00</u> (<u>14</u> days) Reduction: <u>42</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>14/10/2021</u> Confirm with <u>Zeph</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: <u>w/GST</u>	\$S\$ <u>37,450.00</u>		
Loss of Rental (LOR):	\$S\$ (_____ days)		
Loss of Use (LOU):	\$S\$ <u>1,600.00</u> (\$ <u>100</u> x <u>16</u> days)		
Loss of Income (LOI):	\$S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$ <u>36.45</u>		
Medical:	\$S\$		
Disbursement:	\$S\$ <u>200.00</u> (e.g. Tow/Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$S\$	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$320.00</u>	
Total:	\$S\$ <u>39,286.45</u> Global Sum S\$: <u>39,100.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>39,100.00</u> Name 1: <u>Ryder Auto Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		