

ASSIGNMENT

Surveyor: Adrian DOI: 08/02/2021 Date / Time : 08/02/2021

Registered in Merimen: —

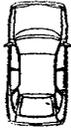
Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 6041Y Claim No. : _____
 Name of Insured : SIN YIN TRADING COMPANY Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 08/02/2021 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**

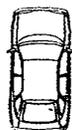
SME 6963B



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
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INSRS:
WSP:
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RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|--|--|---|
| | SME 6963B : NA/INC21001907/h4 ; DOA : 08/02/2021 | Non-Reporting ltr (1st): | |
| | GBD 6041Y : NA/CTI17016838/k4 ; DOA : 29/08/2017 | 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: <u>LWP</u> | |
| Repair Cost: <u>L/S</u> S\$ <u>20,900.00</u> (<u>16</u> days) Reduction: <u>49%</u> | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: <u>16.08.21</u> Confirm with <u>ZEPH</u> | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u> | | If NO or B 28, Ass. Lia : <u>0%</u> | |
| Repair Cost: <u>w/GST</u> S\$ <u>22,363.00</u> | | <u>4VEH CC OID 3RD</u> | |
| Loss of Rental (LOR): S\$ <u>1,920.00</u> (<u>16</u> days) X \$120 | | | |
| 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 + LO <input type="checkbox"/> [Tick only one] | | | |
| GIA/LTA Search S\$ <u>7.45</u> | | | |
| Medical: S\$ - | | 1) Claim status: Normal/ Reject/Dispute/Settle | |
| Disbursement: S\$ <u>120.00</u> (e.g. Tow/ Independent) | | 2) Report Format: <u>TP</u> | |
| Legal Cost S\$ - | | 3) Survey fee: <u>\$400</u> | |
| Total: S\$ <u>24,410.45</u> Global Sum S\$: 24,400.00 | | | |
| FINAL PAYMENT | Date/Time: <u>16.08.21</u> Confirm with: <u>ZEPH</u> | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: S\$ <u>24,400.00</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: _____ | | | |