

ASSIGNMENTSurveyor: AdrianDOI: 08/03/2021Date / Time : 08/03/2021Registered in Merimen: 08/03/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMD 3827L
 Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/03/2021

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

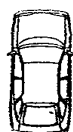
If NO, Driver Name / Age : _____

OI GIA REPORT: YES NO ; TP GIA REPORT: YES NODriver Tel No. : _____ (V/L: YES NO)Insured Liability : _____ % **Final ? Yes / No**SKW 9647Z

INSRS:
WSP: RYDER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKW 9647Z : SMD 3827L : <u>NA/INC21003076/h4 ; DOA : 08/03/2021</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	☐
<u>04/06/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA :	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>12,800.00</u> (<u>14</u> days) Reduction: <u>43.65</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>31/05/2021</u> Confirm with <u>ORSON</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: (W/GST)	S\$ <u>13,696.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>1,440.00</u> (\$ <u>80</u> x <u>18</u> days)		<u>3 veh c.c ; OID = last car</u>
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>36.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee:	<u>\$320.00</u>
Total:	S\$ <u>15,172.45</u> Global Sum S\$: <u>15,100.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐	Call ☐
Payee 1:	S\$ <u>15,100.00</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: _____		