15/5/2010

INS. CASE OWNER:

CC6/CTI21008347/Aes3

LKK:

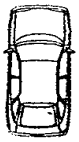
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/08/2021 Date / Time : 10/08/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 2919G Claim No. :

Name of Insured : DIGO CORPORATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

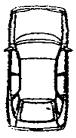
Excess Sec II :S$ D.O.A : 10/08/2021 Place of Accident :

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

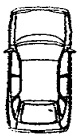
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

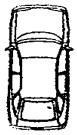
GY 8633G → → →



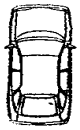
INSRS:
WSP: RYDER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GY 8633G : X	**STAGE** **DATE / PIC**
	YP 2919G : CS/CTI21003805/Kqd3n2 ; DOA : 22/03/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	- Please check / verify OID DL	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)
		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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 10,300.00 (12 days)	Reduction: 48 %	Email Call
FINAL SETTLEMENT	Date/Time: 02.11.21	Confirm with ZEPH	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 11,021.00	4VEH CC OID LAST	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 1,600.00 ($ 100 x 16 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only LOU only ✓	LOR + LOU LOR + LO	[**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $400
Total:	**S$** 12,657.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 02.11.21	Confirm with: ZEPH		Email	Cal
Payee 1:	S$ 12,657.45	Name 1:	RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			