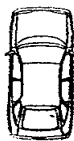


ASSIGNMENTSurveyor: **STEVE**

DOI: 07/09/2021

Date / Time : 27/08/2021

Registered in Merimen: 27/08/2021

Pre-assign / CCU / FTEInsured Vehicle No. : **GBL 1997E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/08/2021 14:10

Place of Accident : **Tuas Ave 9,**

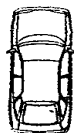
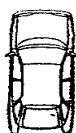
Is driver the owner? (YES / NO) Nature of Accident : _____

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****YM 7604Y**INSRS:
WSP: **GOLDBELL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YM 7604Y - CC4/ASM21001737/Ags3 ; 04.02.2021		
	GBL 1997E - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	TPV: NISSAN MKB 37 (7684cc)	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:	
Repair Cost: LIMIT	S\$ \$7,000.00 (15 days) Reduction: \$28,031.21% 80	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/12/2021 Confirm with ZEPH	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,490.00 W/GST		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 3,960.00 (\$ 180 x 22 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 29.00		
Medical:	S\$ _____	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ 100.00 (e.g. ☒ Low/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$600.00	
Total:	S\$ 11,579.00 Global Sum S\$: 11,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 11,500.00 Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		