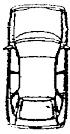


**ASSIGNMENT**Surveyor: **THEVAN**DOI: **14/12/2021**Date / Time : **13/12/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 3171P**Claim No. : **SNM21D207275/C02/YP3171P/LEEPG**

Name of Insured : \_\_\_\_\_

Policy No. : **DMCVSNW00083442100**

Insured Tel No. : \_\_\_\_\_

HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$**D.O.A : **11/12/2021**

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

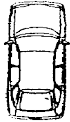
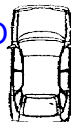
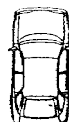
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****YP 4528M**INSRS:  
WSP: **RYDER AUTO**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	YP 4528M - X	YP 3171P - X	STAGE	DATE / PIC		
30/12/2021	PLEASE REFER TO VIEWS FOR DETAILS *SUBMIT WP REPORT AS PER CTI INSTRUCTION		Non-Reporting ltr (1st):			
			Non-Reporting ltr (2nd):			
			Non-Reporting ltr (Final):			
			Notification ltr (if non-pickup):			
			Call OI:			
			After call ltr to OI:			
			<b>Documentation Check List:</b>		<b>Handler</b>	<b>Typist</b>
			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"/>	<input type="checkbox"/>				
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>		
			Others:	<input type="checkbox"/> <input type="checkbox"/>		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____						
Repair Cost: L/SUM	S\$ 6,650.00	( 5 days) Reduction: 68 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/>	Call <input type="checkbox"/>		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :			
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$	( days)				
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]					
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent )	1) Claim status: <del>Normal/Reject/Private settle</del> WP			
Legal Cost	S\$	2) Report Format: TP				
<b>Total:</b> S\$		<b>Global Sum S\$:</b>	3) Survey fee: 350.00			
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/>	Call <input type="checkbox"/>		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				