

ASSIGNMENT

Surveyor:

Adrian

DOI:

20/12/2021

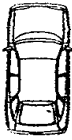
Date / Time :

20/12/2021

Registered in Merimen:

20/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 14AClaim No. : 1199220161SGName of Insured : TAN CHEE SIANG KEITHPolicy No. : 7210126736

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/12/2021

Place of Accident : _____

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

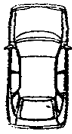
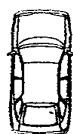
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L ☒ YES NO)

Insured Liability : _____ % Final ? Yes / No

SLK 5926XINSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLK 5926X : NA/III20001530/P ; DOA : 23/01/2020	STAGE
	SKT 14A : X	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 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:
Repair Cost: <u>1/sum</u>	S\$ <u>17,000.00</u> (<u>12</u> days) Reduction: <u>57</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>31/05/2022</u>	Confirm with: <u>Zeph</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>0</u>
Repair Cost: <u>w/GST</u>	S\$ <u>18,190.00</u>	
Loss of Rental (LOR): <u>w/GST</u>	S\$ <u>2,054.40</u> (<u>16</u> days) <u>x\$120.00</u>	
Loss of Use (LOU):	S\$ (\$ x days)	
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\$	
Disbursement:	S\$ <u>60.00</u> (e.g. Tow/Independent)	1) Claim status: Normal/ <u>Reject/Private Settle</u>
Legal Cost	S\$	2) Report Format: <u>TP</u>
		3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>20,340.85</u>	Global Sum S\$: <u>20,200.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>20,200.00</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: