

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 10/02/2022 Date / Time : 10/02/2022  
Registered in Merimen: 10/02/2022

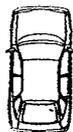
**Pre-assign / CCU / FTE**



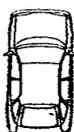
Insured Vehicle No. : SKB 6744G Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 09/02/2022 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature 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**

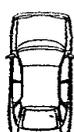
**SLG 7909D**



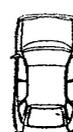
INSRS:  
WSP: **RYDER**  
Tel : **AUTO**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLG 7909D - X	SKB 6744G - X	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:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by: <b>LWP</b>	
Repair Cost: <b>L/S</b> S\$ <b>6,400.00</b> ( <b>4</b> days) Reduction: <b>65 %</b>			Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>22.07.22</b> Confirm with <b>ZEPH</b>			Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>			If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>6,848.00</b>			<b>OI REAR ENDED TP</b>	
Loss of Rental (LOR): S\$ <b>-</b> ( <b>  </b> days)				
Loss of Use (LOU): S\$ <b>600.00</b> (\$ <b>100</b> x <b>6</b> days)				
Loss of Income (LOI): S\$ <b>-</b> (\$ <b>  </b> x <b>  </b> days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <b>36.45</b>				
Medical: S\$ <b>-</b>			1) Claim status: Normal/ <del>Reject/Private Settlement</del>	
Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>	
Legal Cost S\$ <b>-</b>			3) Survey fee: <b>\$320</b>	
<b>Total:</b> S\$ <b>7,484.45</b>		<b>Global Sum S\$: 7,480.00</b>		
<b>FINAL PAYMENT</b> Date/Time: <b>22.07.22</b> Confirm with: <b>ZEPH</b>			Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <b>7,480.00</b>	Name 1:	<b>RYDER AUTO PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			