

ASSIGNMENT

Surveyor:

ADRIANDOI: 7/6/22Date / Time : 6/6/22Registered in Merimen: 19/6/22**Pre-assign / CCU / FTE**Insured Vehicle No. : SMP 6582J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 4/6/22 12:15

Place of Accident : _____

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

If NO, Driver Name / Age :

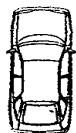
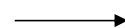
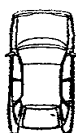
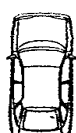
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBG 7991HSMP 6582JGBJ 9628DINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:OIINSRS:
WSP:
Tel :
Liability :
RMKS:RYDER AUTO
PTE LTD
TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>GBJ 9628D</u>	<u>NA/AIG22005404/r3 ; 4/6/22</u>	STAGE
	<u>SMP 6582J</u>	<u>- NA/AIG22005404/r3 ; 4/6/22</u>	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:	Confirm by:
Repair Cost: <u>L/Sum</u>	S\$ <u>1,200.00</u> (<u>3</u> days) Reduction: <u>72</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>09/03/2023</u> Confirm with <u>Zeph</u>		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.0%)</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>with GST</u>	S\$ <u>1,284.00</u>		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>100</u> x <u>3</u> days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$320</u>
Total:	S\$ <u>1,591.45</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>1,591.45</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:	