

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : 27/07/2022Registered in Merimen: 27/07/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : XD 7685Y

Claim No. : \_\_\_\_\_

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

Policy No. : \_\_\_\_\_

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 27.07.2022 09:25

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****SLR 8078L**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                                                                                                                                                           | SLR 8078L - X<br>XD 7685Y - CC6/III15004800/Uwa3n2 ; 16.03.2015                                         |                                   | 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:</b>                          | <b>Handler</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"/>      |
|                                                                                                                                                                      |                                                                                                         |                                   | Post-Repair Photos:                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                                                                         |                                   | Others:                                                   | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                                                              | Sent By:                          |                                                           |                               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                                                              | Confirm with:                     | Confirm by:                                               |                               |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>23,600.00</b> ( <b>21</b> days) Reduction: <b>51</b> %                                           |                                   | Email <input type="checkbox"/>                            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>09/06/2023</b> Confirm with <b>Orson</b>                                                  |                                   | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>                                               |                                   | If NO or B 28, Ass. Lia : <b>0</b>                        |                               |
| Repair Cost: <b>7%GST</b>                                                                                                                                            | S\$ <b>25,252.00</b>                                                                                    |                                   |                                                           |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ (      days)                                                                                        |                                   |                                                           |                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>1,620.00</b> (\$ <b>60</b> x <b>27</b> days)                                                     |                                   |                                                           |                               |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$      x      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>38.45</b>                                                                                        |                                   |                                                           |                               |
| Medical:                                                                                                                                                             | S\$                                                                                                     |                                   | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                               |
| Disbursement:                                                                                                                                                        | S\$ <b>150.00</b> (e.g. <input checked="" type="checkbox"/> Tow/ <input type="checkbox"/> Independent ) |                                   | 2) Report Format: <b>TP</b>                               |                               |
| Legal Cost                                                                                                                                                           | S\$                                                                                                     |                                   | 3) Survey fee: <b>\$600.00</b>                            |                               |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>27,060.45</b>                                                                                    | <b>Global Sum S\$: 27,000.00</b>  |                                                           |                               |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                                                              | Confirm with:                     | Email <input type="checkbox"/>                            | Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>27,000.00</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:                           |                                                           |                               |