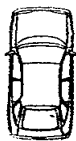


ASSIGNMENTSurveyor: AdrianDOI: 22/09/2023Date / Time : 22.09.2022Registered in Merimen: **Pre-assign / CCU / FTE**Insured Vehicle No. : XE 599DClaim No. : Name of Insured : Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :\$ D.O.A : 21.09.2022Place of Accident : Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

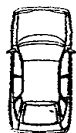
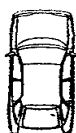
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLT 3773KINSRS:
WSP: **RYDER**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SLT 3773K -X				
XE 599D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By				
NA/CTI16015858/r3 24/08/2016 MR LIM CHONG TING SGE 862U XE 599D 23/08/2016 26/08/2016 RBW				
NA/CTI22009348/r3 22/09/2022 KOO THIAM SIEW XE 599D 3773 21/09/2022 RBW				
			Notification 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>4,300.00</u> (<u>4</u> days) Reduction: <u>58</u> %			Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>13/04/2023</u> Confirm with <u>Zeph</u>			Email ☒	Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>4,601.00</u>				
Loss of Rental (LOR): S\$ <u>674.10</u> (<u>7</u> days) <u>@\$90 w/GST</u>				
Loss of Use (LOU): S\$ (\$ x days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ <u>33.00</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>\$400</u>	
Total: S\$ <u>5,308.10</u>	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ <u>5,308.10</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:			