

ASSIGNMENTSurveyor: AdrianDOI: 02/11/2022Date / Time : 01/11/2022Registered in Merimen: 01/11/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLG 2594K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 01/11/2022

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**SJL 4855SINSRS:
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
<u>SJL 4855S - X</u>			
<u>SLG 2594K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Reported By:</u>			
<u>NBA/INC18000895/k4 15/01/2018 MOHAMED HISHAM BIN MOHAMED RAHIM FBC 1123H SLG 2594K 13/01/2018 25/01/2018 KSG</u>			
		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>5,100.00</u> (<u>6</u> days) Reduction: <u>58</u> %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: <u>07/06/2023</u> Confirm with <u>Orson</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>5,508.00</u>			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</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>38.45</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>\$500</u>	
Total: S\$ <u>6,026.45</u> Global Sum S\$: <u>6,000.00</u>			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>6,000.00</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:		