

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **20.01.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

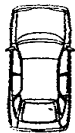
Insured Vehicle No. : **GBF 9460R** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : **18.01.2023** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

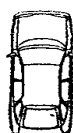
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SMK 6537S**

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	SLA Created By	DATE / PIC
SMK 6537S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	CS/AGI20072989/Att3q2 10/12/2020 SLA 5940G SMK 6537S 24/11/2020 18/12/2020 L511		
GBF 9460R - X			
		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: LWP	
Repair Cost: L/S S\$ 6,000.00 (6 days) Reduction: 57 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 6,480.00			
Loss of Rental (LOR): w/GST S\$ 680.40 (9 days) x \$70			
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\$ 33.00			
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ 60.00 (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$400	
Total: S\$ 7,253.40	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 7,253.40	Name 1: RYDER AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		