

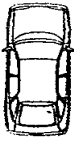
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **26.05.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 1474Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : **25.05.2023**Place of Accident : **18 VALLEY ROAD
SINGAPORE 534474**

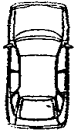
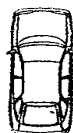
Is driver the owner? (YES / NO) Nature of Accident : _____

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****YN 736R**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 Date	Created By	DATE / PIC
YN 736R	NA/INC10016421/w1r 19/08/2010 ONG HENG WENG GY 4864H YN 736R 19/08/2010 29/09/2010 LWS	NS/INC11008684/H1bn 24/05/2011 SHC 7343D YN 736R 09/05/2011 24/05/2011 CYY	
XE 1474Z	CS/CTI21004005/f3XX 29/03/2021 GBJ 2473D XE 1474Z 25/03/2021 09/06/2021 LST1		
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	\$ \$ (_____ days) Reduction: _____ %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____	
Repair Cost:	\$ \$		
Loss of Rental (LOR):	\$ \$ (_____ days)		
Loss of Use (LOU):	\$ \$ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$ \$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$ \$		
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ \$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$ \$	3) Survey fee:	
Total:	\$ \$	Global Sum \$ \$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	\$ \$	Name 1: _____	
Payee 2: (Strike if N.A.)	\$ \$	Name 2: _____	
Payee 3: (Strike if N.A.)	\$ \$	Name 3: _____	