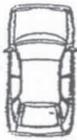


ASSIGNMENT

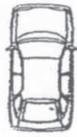
Surveyor: ABT DOI: 18/2/2020 Date / Time : 18/2/2020
Registered in Merimen: 19/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 7204L Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 13/2/2020 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

SHC16634



INSRS: _____
WSP: Bifrost
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: <u>ABT</u>
Repair Cost: <u>L/S</u> S\$ <u>6,700.00</u> (<u>5</u> days) Reduction: <u>68</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>26.04.21</u> Confirm with <u>MR YEE</u> Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u> If NO or B 28, Ass. Lia : _____
Repair Cost: <u>w/GST</u> S\$ <u>7,169.00</u> <u>OID BEATS RED LIGHT TP MAKING RH TURN</u>
Loss of Rental (LOR): S\$ <u>1,003.20</u> (<u>8</u> days) X \$125.40
Loss of Use (LOU): S\$ <u>-</u> (\$ <u>x</u> days)
Loss of Income (LOI): S\$ <u>400.00</u> (\$ <u>50</u> x <u>8</u> days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ <u>7.45</u>
Medical: S\$ <u>-</u>
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)
Legal Cost S\$ <u>-</u>
Total: S\$ <u>8,579.65</u> Global Sum S\$: _____
FINAL PAYMENT Date/Time: <u>26.04.21</u> Confirm with: <u>MR LEE</u> Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>8,579.65</u> Name 1: <u>BIFROST AUTO PTE LTD</u>
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____