

ASSIGNMENTSurveyor: **BRYAN**DOI: **07/04/2020**Date / Time : **07/04/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 8368B**Claim No. : **D20001784MFSH**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **03/04/2020**

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**SHA 4622D**INSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SHA 4622D - CC4/III18017130/Uwb3q2	14/09/2018	Non-Reporting ltr (1st):	
	NA/FCI18001174/z4	04/01/2018	Non-Reporting ltr (2nd):	
	CC4/ASM18016921/K1ha3q2	14/09/2018	Non-Reporting ltr (Final):	
	SHC 8368B - CS/FCI19002771/d3XX	06/02/2019	Notification ltr (if non-pickup):	
	NS/INC19002431/Nvd3e2	06/02/2019	Call OI:	
			After call ltr to OI:	
			Documentation Check List:	
			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:	☐
20/11/2020	SETTLED AND CLOSED / NO PHY FILE			

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 11,134.29 (6 days) Reduction: 54.78 %		Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 12/11/2020	Confirm with MR YEE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 09		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 11,913.69		
Loss of Rental (LOR):	S\$ 1,504.80 (12 days) X \$125.40		OID TURN INTO MAIN ROAD
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 600.00 (\$50 x 12 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$600.00
Total:	S\$ 14,018.49	Global Sum S\$: 14,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 14,000.00	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	