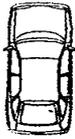


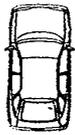
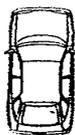
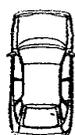
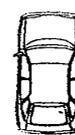
ASSIGNMENTSurveyor: STEVEDOI: 20/04/2020Date / Time : 17/04/2020Registered in Merimen: 17/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLU 1483EClaim No. : 1700088390Name of Insured : LEO LUPolicy No. : 8261482026SGInsured Tel No. : _____ HP: 97275347Make / Model : MAZDA MAZDA3Excess Sec II :\$ \$ _____ D.O.A : 15/04/2020Place of Accident : TELOK BLANGAH WAY EXITING
FILTER LANE TOWARDS LOWEIs 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**GBE 4304YINSRS:
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
	GBE 4304Y - NA/AIG17000929/s4 15/01/2017 NA/AIG20005227/F 15/04/2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SLU 1483E - NA/AIG20005227/F 15/04/2020	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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by: CTY	
Repair Cost: L/S S\$ 4,350.00 (5 days) Reduction: 70 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 27.11.20 Confirm with MR LEE		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,654.50 OI REAR ENDED TP			
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 800.00 (\$ 100 x 8 days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 36.45			
Medical: S\$ -		1) Claim status: Normal/ Reject/Private Sec'd	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 5,490.95 Global Sum S\$: 5,490.00			
FINAL PAYMENT Date/Time: 27.11.20 Confirm with: MR LEE		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 5,490.00 Name 1: BIFROST AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			