

ASSIGNMENT

CC4/AIG20007178/Dpa3

Surveyor:

BRYAN

DOI: 13/07/2020

Date / Time : 09/07/2020

Registered in Merimen: 09.07.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJT 5133T

Claim No. : 0164874723SG

Name of Insured : LEONG TENG HUA

Policy No. : 0164874723SG

Insured Tel No. : HP: _____

Make / Model : VOLKSWAGEN PASSAT CC 1.8T AT

Excess Sec II :\$ D.O.A : 08/07/2020 07:00

Place of Accident : ALONG FARRER ROAD

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

SHD 7295D

INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 7295D - X	SJT 5133T - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
29/04/2021	Pls refer to VIEWS for details.		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:	
Repair Cost: P/P	S\$ 9,331.60 (8 days) Reduction: 52 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/04/2021	Confirm with Mr Yee	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 9,984.81			
Loss of Rental (LOR):	S\$ 1,264.70 (10 days) x \$126.47			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 500.00 (\$ 50 x 10 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	S\$ 7.45			
Medical:	S\$		1) Claim status: Normal/Reject Private Sec'd	
Disbursement:	S\$ 80.00 (e.g. Tow/Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$320.00	
Total:	S\$ 11,836.96	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 11,836.96	Name 1:	BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		