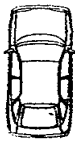


ASSIGNMENT

Surveyor: BRYAN DOI: 13/07/2020 Date / Time : 13/07/2020
 Registered in Merimen: 13/07/2020

Pre-assign / CCU / FTE***PBI***

Insured Vehicle No. : SMG 1714B Claim No. : 6850021020SG
 Name of Insured : _____ Policy No. : 1800146541
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 09/07/2020 06:55 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

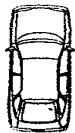
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

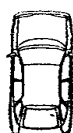
%

Final ? Yes / No**SH 8871H**

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
	SH 8871H - CC4/III17019585/Swa3q2 ; 30/09/2017	Non-Reporting ltr (1st):	
	CC4/III18002618/T1ea3q2 ; 03/02/2018	Non-Reporting ltr (2nd):	
	CC4/III18015253/Uha3q2 ; 12/08/2018	Non-Reporting ltr (Final):	
	SMG 1714B - X	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P S\$ 14,116.19 (8 days) Reduction: 51 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 21/6/2021 Confirm with MR YEE		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 15,104.32			
Loss of Rental (LOR): S\$ 1,128.60 (9 days) x \$125.40			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 450.00 (\$ 50 x 9 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 Settle	
Disbursement: S\$ 80.00 (e.g. ☐ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: 320.00	
Total: S\$ 16,770.37	Global Sum S\$: 16,900.00 (APPROVED BY AIG)		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 16,900.00	Name 1: Bifrost Auto Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		