

ASSIGNMENTSurveyor: BRYANDOI: 16/09/2020Date / Time : 16/9/2020Registered in Merimen: 16/9/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGM 3333TClaim No. : 1255746806SGName of Insured : LIM KHOON AIKPolicy No. : 2070058308

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 15/9/2020 16:50Place of Accident : EUNOS RD 5 X EUNOS AVE 5

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

SHC 8931AINSRS:
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):	
	CC3/III16004508/H1jb3n2 - 06/03/2016	Non-Reporting ltr (Final):	
	SHC 8931A - CC4/III18015398/Ups3q2 - 23/08/2018	Notification ltr (if non-pickup):	
	CC6/III19009461/Aea3q2 - 25/05/2019	Call OI:	
		After call ltr to OI:	
	SGM 3333T - CS/AVI09003785/T1fg1 - 09/02/2009	Documentation Check List:	Handler Typist
	CS/FCI15018229/R1gh3d1-1 - 16/10/2015	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: <u>ABT</u>		
Repair Cost: <u>L/S</u> S\$ <u>7,650.00</u> (<u>6</u> days) Reduction: <u>68</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>24.06.21</u> Confirm with <u>MR YEE</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>8,185.50</u>		<u>OID TURN RH INTO THE MAIN ROAD</u>	
Loss of Rental (LOR): S\$ <u>804.65</u> (<u>7</u> days) X \$114.95			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ <u>350.00</u> (\$ <u>50</u> x <u>7</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$ -		1) Claim status: Normal/ Reject/Prints/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ -		3) Survey fee: <u>\$320</u>	
Total: S\$ <u>9,347.60</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>24.06.21</u> Confirm with: <u>MR YEE</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>9,347.60</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:		