

ASSIGNMENT

Surveyor: BRYAN

DOI: 02/12/2020

Date / Time : 02/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 2567M

Claim No. : _____

Name of Insured : GNEE HONG COMPANY(PRIVATE)LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 27/11/2020

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 1107U



INSRS:
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
SHA 1107U : CC4/FCI20010344/Eda3q2 ; DOA : 18/09/2020	Non-Reporting ltr (1st):	
YP 2567M : CS/AXA16015896/H1vbq2 ; DOA : 16/08/2016	Non-Reporting ltr (2nd):	
	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"/>
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: _____		
Repair Cost: L/SUM S\$ 11,500.00 (9 days) Reduction: 58 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 20/9/2021 Confirm with MR YEE Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 12,305.00		
Loss of Rental (LOR): S\$ 1,352.04 (12 days) x \$112.67		
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI): S\$ 600.00 (\$ 50 x 12 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ _____		
Disbursement: S\$ 80.00 (e.g. <input checked="" type="checkbox"/> Tow Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format: TP	
Total: S\$ 14,344.49 Global Sum S\$: _____	3) Survey fee: 400.00	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 14,344.49 Name 1: BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		