

ASSIGNMENT

Surveyor: Bryan

DOI: 04/12/2020

Date / Time : 04/12/2020

Registered in Merimen: 04/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 7388R
 Name of Insured : CROWN CONSTRUCTION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 24/11/2020

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

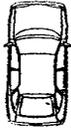
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

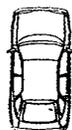
SH 6983G



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SH 6983G : CS1/III20003417/Bqf3s2 ; DOA : 03/12/2018	STAGE	DATE / PIC
	YN 7388R : X	Non-Reporting ltr (1st):	
		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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/S S\$ **\$22,900.00** (21 days) Reduction: \$23,199.90 % 45 Email Call

FINAL SETTLEMENT Date/Time: 26/11/2021 Confirm with MR YEE Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 24,503.00 W/GST
 Loss of Rental (LOR): S\$ 4,639.80 (37 days) x \$125.40
 Loss of Use (LOU): S\$ (\$ x days)
 Loss of Income (LOI): S\$ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$
 Medical: S\$
 Disbursement: S\$ 80.00 (e.g. Tow / Independent)
 Legal Cost S\$
Total: S\$ 29,222.80 **Global Sum S\$:** 29,000.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ 29,000.00 Name 1: BIFROST AUTO PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3: