

ASSIGNMENT

Surveyor: Bryan

DOI: 15/12/2020

Date / Time : 10/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 8116S

Claim No. : _____

Name of Insured : MONZONE AIR-CONDITIONINF PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 09/12/2020

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 2450X



INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 2450X : CC3/AXA11019896/H1ec3q2 ; DOA : 28/09/2011	STAGE	DATE / PIC
	YP 8116S : NBA/QBE20007874/Y ; DOA : 27/07/2020	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"/>

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: <u>L/SUM</u> \$S\$ <u>14,250.00</u> (<u>10</u> days) Reduction: <u>64</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>19.10.2021</u>	Confirm with: <u>MR YEE</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :

Repair Cost:	\$S\$ <u>15,247.50</u>	
Loss of Rental (LOR):	\$S\$ <u>1,549.38</u> (<u>14</u> days) x \$ <u>110.67</u>	
Loss of Use (LOU):	\$S\$ (\$ x days)	
Loss of Income (LOI):	\$S\$ <u>700.00</u> (\$ <u>50</u> x <u>14</u> 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\$ <u>7.45</u>	
Medical:	\$S\$	
Disbursement:	\$S\$ <u>80.00</u> (e.g <input checked="" type="checkbox"/> Tow) Independent)	1) Claim status: Normal/ Reject/Private Settle
Legal Cost	\$S\$	2) Report Format: <u>TP</u>
Total:	\$S\$ <u>17,584.33</u>	3) Survey fee: <u>400.00</u>

Global Sum \$S\$:	
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FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S\$ <u>17,584.33</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: