

ASSIGNMENTSurveyor: **BRYAN**DOI: **07/01/2021**Date / Time : **07/01/2021**Registered in Merimen: **07/01/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLX 8032L**Claim No. : **6797893515SG**Name of Insured : **WONG KA-WAH, KAREN**

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ _____ D.O.A : **05/01/2021 11:40**Place of Accident : **172 SIN MING DR**

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 1550Y**INSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHA 1550Y - CS/FC13004835/Uvk3 ; 26/01/2013	STAGE	DATE / PIC	
	CS/FC117019103/Kqbn2 ; 29/09/2017	Non-Reporting ltr (1st):		
	NA/TMI13018906/d2 ; 09/10/2013	Non-Reporting ltr (2nd):		
	SLX 8032L - X	Non-Reporting ltr (Final):		
		Notification ltr (if non-pickup):		
		Call OI:		
		After call ltr to OI:		
11/08/2021	Pls refer to VIEWS for details.	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\$ 15,333.52 (9 days) Reduction: 49 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 11/08/2021 Confirm with Mr Yee		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 16,406.87			
Loss of Rental (LOR):	S\$ 1,251.90 (10 days) x S\$125.19			
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ 500.00 (\$ 50 x 10 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. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$ _____		3) Survey fee: \$320.00	
Total:	S\$ 18,246.22	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 18,246.22	Name 1:	Bifrost Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		