

**ASSIGNMENT**Surveyor: **Bryan**DOI: **18/01/2021**Date / Time : **18/01/2021**Registered in Merimen: **18/01/2021****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SMA 6469H**  
 Name of Insured : **NG BOON CHYE ANDREW @ ADHWA NG ABDULLAH**

Claim No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

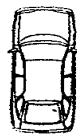
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **08/01/2021**

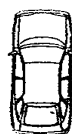
Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_If **NO**, Driver Name / Age : \_\_\_\_\_OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SHD 3933Y**

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



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                           |                                                         |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                      | SHD 3933Y : NS/INC12008757/H1y1r2 ; DOA : 28/04/2012    | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                      | SMA 6469H : CS/AIG21000410/Evd3 ; DOA : 08/01/2021      | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                      |                                                         | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                      |                                                         | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                      |                                                         | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                      |                                                         | Call OI:                                                                           |
|                                                                                                                                                      |                                                         | After call ltr to OI:                                                              |
|                                                                                                                                                      |                                                         | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                      |                                                         | 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"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                            | Date/Time: _____ Sent By: _____                         | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                      |                                                         | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                  | Date/Time: _____ Confirm with: _____                    | Confirm by: _____                                                                  |
| Repair Cost: L/S                                                                                                                                     | S\$ \$13,900.00 ( 6 days) Reduction: \$12,433.82 % 47   | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                              | Date/Time: <b>29/11/2021</b> Confirm with <b>MR YEE</b> | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 5              | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                         | S\$ 14,873.00 W/GST                                     |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                | S\$ 1,881.00 ( 15 days) x \$125.40                      |                                                                                    |
| Loss of Use (LOU):                                                                                                                                   | S\$ (\$ x days)                                         |                                                                                    |
| Loss of Income (LOI):                                                                                                                                | S\$ 750.00 (\$ 50.00 x 15 days)                         |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> | [Tick only one]                                         |                                                                                    |
| GIA/LTA Search                                                                                                                                       | S\$ 7.45                                                |                                                                                    |
| Medical:                                                                                                                                             | S\$                                                     | 1) Claim status: <b>Normal</b> /Reject/Private Settle                              |
| Disbursement:                                                                                                                                        | S\$ 80.00 (e.g. <b>Tow</b> /Independent )               | 2) Report Format: TP                                                               |
| Legal Cost                                                                                                                                           | S\$                                                     | 3) Survey fee: \$320.00                                                            |
| <b>Total:</b>                                                                                                                                        | <b>S\$ 17,591.45</b> <b>Global Sum S\$: 17,500.00</b>   |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                 | Date/Time: _____ Confirm with: _____                    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                             | S\$ 17,500.00 Name 1: BIFROST AUTO PTE LTD              |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$ Name 2:                                             |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$ Name 3:                                             |                                                                                    |