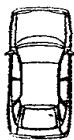


ASSIGNMENT

Surveyor: Bryan DOI: 08/02/2021 Date / Time : 08/02/2021
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 7215B
 Name of Insured : HAI WANG MARKET (TAMPINES) LLP
 Insured Tel No. : _____ HP: _____
Excess Sec II :\$ _____ D.O.A : **05/02/2021**

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

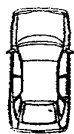
If **NO**, Driver Name / Age :

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

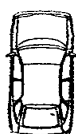
Driver Tel No. : (V/L: ☒ YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Other		

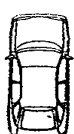
SHA 2666R



INRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHA 2666R : CC4/AXA16012396/H1zg3q2 ; DOA : 04/07/2016	STAGE	DATE / PIC	
	GBE 7215B : X	Non-Reporting ltr (1st):		
		Non-Reporting ltr (2nd):		
		Non-Reporting ltr (Final):		
13/09/2021	Pls refer to VIEWS for details.	Notification ltr (if non-pickup):		
		Call OI:		
		After call ltr to OI:		
		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: L/sum	S\$ 7,300.00 (5 days) Reduction: 58 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 13/09/2021	Confirm with Mr Yee	Email ☒	Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 7,811.00			
Loss of Rental (LOR):	S\$ 501.60 (4 days) x\$125.40			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 200.00 (\$ 50 x 4 days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOU ☒ [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: \$400.00		
Total:	S\$ 8,600.05	Global Sum S\$: 8,600.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Cal ☐
Payee 1:	S\$ 8,600.00	Name 1: BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		