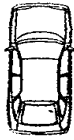


ASSIGNMENT

Surveyor: **BRYAN** DOI: **16/02/2021** Date / Time : **08/02/2021**
 Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **YP 8351D**
 Name of Insured : **MONZONE AIR-CONDITIONINF PTE LTD**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **05/02/2021**

Claim No. : **SNM21D200759/C02/YP8351D/TANKL**
 Policy No. : **DMCVSNA00090332000**
 Make / Model : _____
 Place of Accident : _____

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

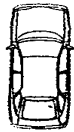
If **NO**, Driver Name / Age : _____

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

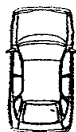
Driver Tel No. : _____ (V/L: YES / NO)

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

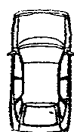
SHA 3646S



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 3646S : CS3/FCI15008726/Fqbk3 ; DOA : 23/05/2015	STAGE DATE / PIC
	YP 8351D : X	Non-Reporting ltr (1st):
	- Please check / verify OID DL	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) ☐ ☐
		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: ABT
Repair Cost: P/P S\$ 10,451.04 (7 days) Reduction: 57 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.03.22 Confirm with MR YEE	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 11,182.61		OID MAKE A RH TURN FROM THE OUTER LANE W/O SIGNAL
Loss of Rental (LOR): S\$ 1,627.47 (13 days) x \$125.19		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 650.00 (\$ 50 x 13 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LO ☒ [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
Total: S\$ 13,547.53	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 22.03.22 Confirm with: MR YEE	Email ☐ Call ☐
Payee 1: S\$ 13,547.53	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	