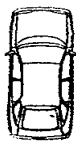


Surveyor: BRYANDOI: ASSIGNMENT
16/02/2021Date / Time : 15/02/2021Registered in Merimen: 15/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJG 699D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 11/02/2021 07:15Place of Accident : SIN MING AVE

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

SIN MING AVE T JUNCTION CARPARK ENTRANCE

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 2011EINSRS: BIFROST AUTO
WSP: PTE LTD.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLG 699D ; CS/TP13008444/Ry1k3 14/05/2013 SHA 2011E - X	STAGE	DATE / PIC
		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)	☐ ☐
		After call ltr to OI:	☒ ☐
		Authorisation To Act:	☒ ☐
		Release Voucher:	☒ ☐
		Final Repair Bill:	☒ ☐
		Car Rental Invoice:	☒ ☐
		Towing Invoice	☐ ☐
<u>09/09/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>L/S</u>	\$S <u>9,500.00</u> (<u>6</u> days) Reduction: <u>63.63</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>08/09/2021</u> Confirm with <u>MR YEE</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (<u>W/GST</u>)	\$S <u>10,165.00</u>		
Loss of Rental (LOR):	\$S <u>996.03</u> (<u>9</u> days) <u>X \$110.67</u>	<u>OI TURNING INTO MAIN ROAD</u>	
Loss of Use (LOU):	\$S (\$ <u> </u> x <u> </u> days)		
Loss of Income (LOI):	\$S <u>450.00</u> (\$ <u>50</u> x <u>9</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S <u>7.45</u>		
Medical:	\$S	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	\$S <u>80.00</u> (e.g. <u>Tow/ Independent</u>)	2) Report Format: <u>TP</u>	
Legal Cost	\$S	3) Survey fee: <u>\$320.00</u>	
Total:	\$S <u>11,698.48</u> Global Sum \$S: 11,600.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S <u>11,600.00</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:		