

ASSIGNMENTSurveyor: **BRYAN**DOI: **01/03/2021**Date / Time : **26/02/2021**Registered in Merimen: **26/02/2021****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SLG 8124U**
 Name of Insured : **HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD**

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

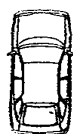
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/02/2021**Place of Accident : **STRAITS OF SENTOSA GATEWAY**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****SHC 7154H**

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 7154H : CC3/LCR17023657/K1ja3q2 ; DOA : 08/12/2017	STAGE DATE / PIC
	SLG 8124U : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	- Please check / verify OID DL	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	TPV: HYUNDAI I40 - 1685cc	Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
	CLAIMANT: CITYCAB PTE LTD	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/S	S\$ 13,400.00 (9 days) Reduction: \$20,342.68% 60	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/01/2022 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:	S\$ 14,338.00 W/GST	
Loss of Rental (LOR):	S\$ 1,438.71 (13 days) x \$110.67	OI CHARGED FOR DANGEROUS DRIVING CAUSING HURT.
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. Toy / Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 16,514.16 Global Sum S\$: 16,200.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 16,200.00 Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	