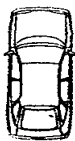


**ASSIGNMENT**

Surveyor:

**BRYAN**DOI: **02/07/2021**Date / Time : **02/07/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBJ 5227D**Claim No. : **SNM21D203685/C02/GBJ5227D/TANCHC**

Name of Insured : \_\_\_\_\_

Policy No. : **DMCVSNA00069252101**

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30.06.2021**

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

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

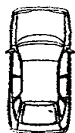
If NO, Driver Name / Age : \_\_\_\_\_

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****SHC 8992Z**INSRS:  
WSP: **BIFROST**  
Tel : **AUTO PTE**  
Liability: **LTD**  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                      | <b>SHC 8992Z - CC3/III15008828/Kpm3n2 ; 24.05.2015</b> | <b>STAGE</b>                                                                       |
|                                                                                                                                                                      | <b>GBJ 5227D - X</b>                                   | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                      |                                                        | 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: <b>ABT</b>                                                                                      |                                                        |                                                                                    |
| Repair Cost: <b>L/S</b> S\$ <b>11,700.00</b> ( <b>8</b> days) Reduction: <b>65</b> %                                                                                 |                                                        | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>30.05.22</b> Confirm with <b>MR YEE</b> Email <input type="checkbox"/> Call <input type="checkbox"/>                           |                                                        |                                                                                    |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                           |                                                        | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b> S\$ <b>12,519.00</b> <b>OID REAR ENDED TP</b>                                                                                              |                                                        |                                                                                    |
| Loss of Rental (LOR): S\$ <b>1,034.55</b> ( <b>9</b> days) X <b>\$114.95</b>                                                                                         |                                                        |                                                                                    |
| Loss of Use (LOU): S\$ <b>-</b> (\$ <b>x</b> days)                                                                                                                   |                                                        |                                                                                    |
| Loss of Income (LOI): S\$ <b>450.00</b> (\$ <b>50</b> x <b>9</b> days)                                                                                               |                                                        |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one] |                                                        |                                                                                    |
| GIA/LTA Search S\$ <b>7.45</b>                                                                                                                                       |                                                        |                                                                                    |
| Medical: S\$ <b>-</b>                                                                                                                                                |                                                        | 1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>                          |
| Disbursement: S\$ <b>80.00</b> (e.g. Tow/ <del>Independent</del> )                                                                                                   |                                                        | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ <b>-</b>                                                                                                                                              |                                                        | 3) Survey fee: <b>\$400</b>                                                        |
| <b>Total:</b> S\$ <b>14,091.00</b> <b>Global Sum S\$:</b>                                                                                                            |                                                        |                                                                                    |
| <b>FINAL PAYMENT</b> Date/Time: <b>30.05.22</b> Confirm with: <b>MR YEE</b> Email <input type="checkbox"/> Call <input type="checkbox"/>                             |                                                        |                                                                                    |
| Payee 1: S\$ <b>14,091.00</b> Name 1: <b>BIFROST AUTO PTE LTD</b>                                                                                                    |                                                        |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                |                                                        |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                |                                                        |                                                                                    |