

**ASSIGNMENT**

Surveyor: **BRYAN** DOI: \_\_\_\_\_ Date / Time : **11/08/2021**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SMS 6819L** Claim No. : **S1M03FDF**  
Name of Insured : **TRANS LEASING PTE LTD** Policy No. : **P2440417**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **07/08/2021 04:20** Place of Accident : **YISHUN AVE 2**  
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 9539D**



INSRS: **BIFROST**  
WSP: **AUTO**  
Tel : **PTE LTD**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SHA 9539D - CC3/AIG09012221/Yq1; 30/05/2009</b>	Non-Reporting ltr (1st):	
	<b>CS/FCI14012947/Rgbu2; 06/07/2014</b>	Non-Reporting ltr (2nd):	
	<b>NA/FCI13019814/m2; 22/10/2013</b>	Non-Reporting ltr (Final):	
	<b>SMS 6819L - X</b>	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>L/SUM</b> S\$ <b>42,800.00</b> ( <b>23</b> days) Reduction: <b>51</b> %			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>27/12/2022</b> Confirm with <b>Janice</b>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>5</b>		If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>36,380.00</b> (as per AXA mandate)			
Loss of Rental (LOR): S\$ <b>3,794.10</b> ( <b>30</b> days) X \$126.47			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ <b>1,500.00</b> (\$ <b>50</b> x <b>30</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\$ _____		1) Claim status: Normal/ <del>Reject/Printed/Settle</del>	
Disbursement: S\$ <b>80.00</b> (e.g. <b>Tow</b> /Independent )		2) Report Format:	<b>TP</b>
Legal Cost S\$ _____		3) Survey fee:	<b>\$350.00</b>
<b>Total:</b> S\$ <b>41,761.55</b> Global Sum S\$: <b>41,760.00</b>			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>41,760.00</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: _____			