

ASSIGNMENT

CC6/CTI21008674/Dpa3q2

Surveyor:

Bryan

DOI:

19/08/2021

Date / Time :

18/08/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 7368H**Claim No. : **SNM21D204595/C02/XE7368H/TAYHP**

Name of Insured :

Policy No. : **DMCVSNW00080202100**

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II :S\$ _____ D.O.A : **17/08/2021 14:25**Place of Accident : **SLE**

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

SHD 4028DINSRS: **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
	SHD 4028D - CC3/AIG12013623/H1b1t2q2 ; 11.07.2012		
	XE 7368H - X	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	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 6,722.32 (6 days) Reduction: 69 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/03/2022 Confirm with Mr Yee		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 7,192.88		
Loss of Rental (LOR):	S\$ 1,001.52 (8 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 400.00 (\$50 x 8 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [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: \$400.00
Total:	S\$ 8,681.85	Global Sum S\$: 8,680.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 8,680.00	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	