

ASSIGNMENTSurveyor: LIM

DOI: _____

Date / Time : 06/09/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBK 8097L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 31/08/2021 1435Place of Accident : PIE TWDS TUAS BEFORE CTE SLE EXIT

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**GBC 3099GINSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GBC 3099G - CS/AIG12012760/Uvd1 ; 26/06/2012</u>	Non-Reporting ltr (1st):	
	<u>NA/AIG12024632/m2 ; 21/12/2012</u>	Non-Reporting ltr (2nd):	
	<u>GBK 8097L - X</u>	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>LTG</u>	
Repair Cost: <u>L/S</u>	S\$ <u>4,250.00</u> (<u>5</u> days) Reduction: <u>49</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>27.05.22</u> Confirm with <u>JR</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>4,547.50</u>	<u>OI REAR ENDED TP</u>	
Loss of Rental (LOR):	S\$ <u>700.00</u> (<u>7</u> days) x \$100		
Loss of Use (LOU):	S\$ <u>-</u> (\$ x days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject Private Settle	
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>5,254.95</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: <u>27.05.22</u> Confirm with: <u>JR</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>5,254.95</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:	