15/5/2010		TP	CC6/~~CT~~I21011400/~~ra3~~	ppa3		LKK:
INS. CASE OWNER:						IDAC:

ASSIGNMENT

Surveyor:	**Bryan**	DOI:	9/11/2021	Date / Time:	08/11/2021
				Registered in Merimen:	_____

Pre-assign / CCU / FTE

Insured Vehicle No. :	**GW 8150T**	Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : **07/11/2021**	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**

SHB 4598K →   →   →

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

Date/ Time		STAGE	DATE / PIC
	SHB 4598K - CC4/FCI21000760/Kes3q2 ; 03/12/2020	Non-Reporting ltr (1st):	
	CS/FCI15005930/T1vbu2 ; 06/04/2015	Non-Reporting ltr (2nd):	
	GW 8150T - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
18/1/22 -	Submit Independent to #WSP	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: **L/sum** S$ **13,200.00** (**8** days) Reduction: **49** %			Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject~~/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: **$ 810.00** 06 18/10/22
Total:	S$	**Global Sum S$:**	$170.00 + 240.00 + 170 + 50 + 50 + 50 + 80

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Est: #26062.23