

**ASSIGNMENT**

Surveyor: Bryan DOI: 04/02/2022 Date / Time : 04/02/2022

Registered in Merimen: —

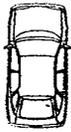
**Pre-assign / CCU / FTE**



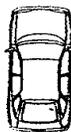
Insured Vehicle No. : SHA 9154E Claim No. : \_\_\_\_\_  
 Name of Insured : CITYCAB PTE LTD Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 31/01/2022 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( 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**

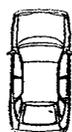
**SHA 8114C**



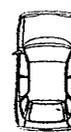
INSRS: \_\_\_\_\_  
 WSP: **BIFROST**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	SHA 8114C : CS/FCI11006881/Abn ; DOA : 16/01/2010	STAGE	DATE / PIC
	SHA 9154E : CS/FCI19003209/Aqd3n2 ; DOA : 06/02/2019	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"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: **L/SUM** S\$ **10,000.00** ( **9** days) Reduction: **65** % Email  Call

**FINAL SETTLEMENT** Date/Time: **17/11/2022** Confirm with **Janice** Email  Call   
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S\$ **9,897.50** (as per AXA mandate)  
 Loss of Rental (LOR): S\$ **1,264.45** ( **11** days) x \$114.95

Loss of Use (LOU): S\$ \_\_\_\_\_ (\$ x days)  
 Loss of Income (LOI): S\$ **550.00** (\$ **50** x **11** days)

LOR only  LOU only  LOR + LOU  LOR + LOU  [Tick only one]  
 GIA/LTA Search S\$ \_\_\_\_\_

Medical: S\$ \_\_\_\_\_  
 Disbursement: S\$ **80.00** (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_

**Total:** S\$ **11,791.95** **Global Sum S\$:** \_\_\_\_\_  
**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ **11,791.95** Name 1: **BIFROST AUTO PTE LTD**  
 Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_

- 1) Claim status: Normal/Reject/Printed/Scanned
- 2) Report Format: **TP**
- 3) Survey fee: **\$350.00**