

ASSIGNMENTSurveyor: **BRYAN**

DOI: _____

Date / Time : **14/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBB 3605B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **13.03.2022**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

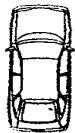
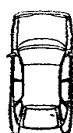
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No**SHD 4854K**INSRS:
WSP: **BIFROST 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 4854K - CC4/AXA16013274/H1yg3q2; 13/07/2016	Non-Reporting ltr (1st):	
	NS/INC14023424/H1gbu2; 15/12/2014	Non-Reporting ltr (2nd):	
	NS/INC17016465/K1qbn2; 23/08/2017	Non-Reporting ltr (Final):	
	NS/INC17023783/K1rtn2; 13/12/2017	Notification ltr (if non-pickup):	
	GBB 3605B - X	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:	
Repair Cost: L/SUM	S\$ 11,000.00 (8 days) Reduction: 57 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/01/2023 Confirm with Janice	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 11,770.00		
Loss of Rental (LOR):	S\$ 1,126.71 (9 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 450.00 (\$ 50 x 9 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ 80.00 (e.g Tow Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: TP	
Total:	S\$ 13,434.16 Global Sum S\$:	3) Survey fee: \$400.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 13,434.16 Name 1: Bifrost Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		