

ASSIGNMENT

Surveyor: Bryan

DOI: 21/03/2022

Date / Time : 22/03/2022

Registered in Merimen: 22/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SML941S
 Name of Insured : GRAB RENTALS PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 18.03.2022
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : HYUNDAI OS KONA EV
 Place of Accident : _____

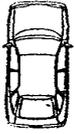
If NO, Driver Name / Age :

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

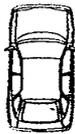
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

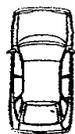
SHC 2608Z



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



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 2608Z - CC4/LPC16012197/H1wb3n2; 29/06/2016	Non-Reporting ltr (1st):	
	CS3/ASM22002302/Rvy3e2; 05/03/2022	Non-Reporting ltr (2nd):	
	NA/INC10024953/w1; 09/12/2010	Non-Reporting ltr (Final):	
	SML 941S - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/Sum S\$ 15,300.00 (10 days) Reduction: 62 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 08/12/2022 Confirm with Janice		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. Nil OI beat traffic light		If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 16,371.00			
Loss of Rental (LOR): S\$ 1,556.16 (12 days) @\$129.68			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ 480.00 (\$ 40 x 12 days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [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: \$600	
Total: S\$ 18,494.61	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 18,494.61	Name 1: BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2:		
Payee 3: (Strike if N.A.) S\$ _____	Name 3:		