

ASSIGNMENTSurveyor: BryanDOI: 23/03/2022Date / Time : 22/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SKN 3333R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 22.03.2022

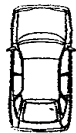
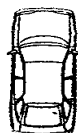
Place of Accident : _____

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**SHD 6831MINSRS:
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					
	<u>SHD 6831M</u>	<u>NA/GTI22002643/m4 ; 22/3/2022</u>	STAGE	DATE / PIC	
	<u>SKN 3333R</u>	<u>CC6/AIG19018883/Aes3q2; 05/10/2019</u>	Non-Reporting ltr (1st):		
		<u>CS/ASM21013296/Aty3e2; 28/12/2021</u>	Non-Reporting ltr (2nd):		
		<u>NA/GTI21013232/r3; 28/12/2021</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:		
Repair Cost: <u>L/Sum</u>	S\$ <u>15,500.00</u> (<u>6</u> days) Reduction: <u>50</u> %		Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>29/12/2022</u> Confirm with <u>Janice</u>		Email ☒ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>Nil OI beat traffic light</u>		If NO or B 28, Ass. Lia :		
Repair Cost: <u>with GST</u>	S\$ <u>16,585.00</u>				
Loss of Rental (LOR):	S\$ <u>859.40</u> (<u>5</u> days) <u>\$171.88</u>				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]					
GIA/LTA Search	S\$ <u>7.45</u>				
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ <u>80.00</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>		
Legal Cost	S\$		3) Survey fee: <u>\$400</u>		
Total:	S\$ <u>17,781.85</u>	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	S\$ <u>17,781.85</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:			