

ASSIGNMENTSurveyor: Bryan

DOI: _____

Date / Time : 11/05/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBD 4252T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 11.05.2022

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 3664ZINSRS:
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		STAGE	DATE / PIC
	<u>SHD 3664Z - CC3/AIG10007752/Djr1q2; 21/04/2010</u>	Non-Reporting ltr (1st):	
	<u>CC4/III17000881/Gha3q2-1; 06/01/2017</u>	Non-Reporting ltr (2nd):	
	<u>CC4/III17000881/Gya3q2; 06/01/2017</u>	Non-Reporting ltr (Final):	
	<u>CS/III14009492/Rtbk3 ; 20/01/2014</u>	Notification ltr (if non-pickup):	
	<u>NBA/AIG14002634/s4; 20/01/2014</u>	Call OI:	
	<u>NS/INC11019297/H1ft; 19/09/2011</u>	After call ltr to OI:	
	<u>GBD 4252T - X</u>	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>8,600.00</u> (<u>9</u> days) Reduction: <u>67</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>31/01/2023</u> Confirm with <u>Jancie</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100</u>	
Repair Cost: <u>w/GST</u>	S\$ <u>9,202.00</u>		
Loss of Rental (LOR):	S\$ <u>1,106.70</u> (<u>10</u> days) X \$110.67		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>500.00</u> (\$ <u>50</u> x <u>10</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____		
Disbursement:	S\$ <u>80.00</u> (e.g. <u>Tow</u> /Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$400.00</u>	
Total:	S\$ <u>10,896.15</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>10,896.15</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: _____		