

ASSIGNMENTSurveyor: **Bryan**DOI: **22/07/2022**Date / Time : **21/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBG 621Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **20/07/2022 14:10**

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****GBG 621Y****SHC 2216X****SKU 4224D**INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP:
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHC 2216X -	CG3/TMI19607972/K1qd3n2 10/05/2019 SHC 2216X GBG 9493R 05/05/2019 10/05/2019 LST1	DATA	
GBG 621Y - X	CS/FCI11022947/LJvn 25/11/2011 S.JL 2169C SHC 2216X 04/11/2011 25/11/2011 CMJ		
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/Sum	S\$ 28,000.00 (10 days) Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 30/06/2023 Confirm with Janice	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28 (Ass.100%)	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 29,960.00		
Loss of Rental (LOR):	S\$ 1,126.71 (9 days) @\$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\$	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: \$400	
Total:	S\$ 31,624.16	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 31,624.16 Name 1: BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		