

ASSIGNMENTSurveyor: BryanDOI: 26/07/2022Date / Time : 25/07/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLM 9225Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 23.07.2022

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****SHA 4053X**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

SHA 4053X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CC4/III16022880/K1hg3q2 22/02/2017 SLH 11J SHA 4053X 26/11/2016 28/02/2017 LSH1	Non-Reporting ltr (1st):
SLM 9225Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NA/INC21001327/h4 28/01/2021 ALFRED YIP MING LIANG FBK 560P SLM 9225Z 26/01/2021 26/02/2021 LSH	Non-Reporting ltr (2nd):
		Non-Reporting ltr (3rd):
		Notification ltr (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: Part by Part S\$ 14,899.76 (9 days) Reduction: 36 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 17/04/2023 Confirm with Janice		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: with GST S\$ 15,942.74		
Loss of Rental (LOR): S\$ 1,251.90 (10 days) @\$125.19		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ 500.00 (\$ 50 x 10 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\$ 17,782.09 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 17,782.09	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	