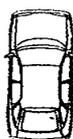


INS. CASE OWNER:

ASSIGNMENT

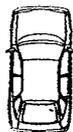
Surveyor: _____ DOI: _____ Date / Time : **26/07/2022**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

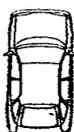


Insured Vehicle No. : **GBG 8988L** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$S D.O.A : **26/07/2022 11:15** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

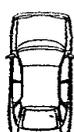
SHD 6846X



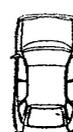
INSRS: **BIFROST**
 WSP: **AUTO**
 Tel : **PTE LTD**
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



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	Created By	DATE / PIC
	SHD 6846X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close CC4/ASM22005779/Aga3 17/06/2022 SMY 9939J SHD 6846X 15/06/2022 RAP	Non-Reporting ltr (1st):	
	GBG 8988L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close CS3/CTI200005576/Gqf3s2 12/05/2020 SMJ 1556A GBG 8988L 22/04/2020 13/05/2020 NA/CTI20001199/h4 20/01/2020 GUO SIWEI GBG 8988L GBH 6386G 09/01/2020 05/02/2020 LSI NA/CTI200005671/h4 12/05/2020 CHEONG ENG HWA GBG 8988L SMJ 1556A 22/04/2020 20/05/2020 LSI	Non-Reporting ltr (2nd): Not-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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: P/P	S\$ 12,670.36 (8 days) Reduction: 59 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 28/04/2023 Confirm with Janice	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 7%GST	S\$ 13,557.29		
Loss of Rental (LOR):	S\$ 1,126.71 (9 days) X \$125.19		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 450.00 (\$ 50 x 9 days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOU <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: \$400.00	
Total:	S\$ 15,221.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 15,221.45 Name 1: Bifrost Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		