

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: Bryan DOI: 18/08/2022 Date / Time : 15/08/2022  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



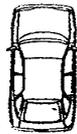
Insured Vehicle No. : SMV 7575S Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :\$\$ D.O.A : 12.08.2022 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature 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 2049Y**



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	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHA 2049Y -	CC3/AIG14017656/H1h2e3q2 28/10/2014 - SHA 2049Y SFT 1297C 15/09/2014 30/10/2014 LSL1	Non-Reporting ltr (1st):	
	CS/CAI10008808/Cgg1 25/06/2010 - SHA 2049Y EY 5135X 04/05/2010 01/07/2010 CYY	Non-Reporting ltr (2nd):	
	CS/FCI11011187/Kfg1 04/07/2011 - SJX 5254G SHA 2049Y 08/06/2011 07/07/2011 CYY	Non-Reporting ltr (Final):	
SMV 7575S - X	CS3/FCI19019311/Hcf3s2 22/11/2019 - SKX 8510K SHA 2049Y 26/10/2019 22/11/2019	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/Sum</b>	\$S\$ <b>13,000.00</b> ( <b>13</b> days) Reduction: <b>63</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>12/06/2023</b> Confirm with <b>Janice</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28 (Ass.100%)</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>with GST</b>	\$S\$ <b>13,910.00</b>		
Loss of Rental (LOR):	\$S\$ <b>1,609.30</b> ( <b>14</b> days) <b>@\$114.95</b>		
Loss of Use (LOU):	\$S\$ (\$ x days)		
Loss of Income (LOI):	\$S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S\$ <b>7.45</b>		
Medical:	\$S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ <b>80.00</b> (e.g. Tow/ <del>Independent</del> )	2) Report Format: <b>TP</b>	
Legal Cost	\$S\$	3) Survey fee: <b>\$400</b>	
<b>Total:</b>	\$S\$ <b>15,606.75</b> <b>Global Sum \$S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S\$ <b>15,606.75</b> Name 1: <b>BIFROST AUTO PTE LTD</b>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2:		
Payee 3: (Strike if N.A.)	\$S\$ Name 3:		