

ASSIGNMENTSurveyor: KennethDOI: 06/09/2022Date / Time : 05/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBG 3980R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 03.09.2022 09:05

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 3062BINSRS:
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 3062B - X	CC4/III16018068/Keb3q2 14/12/2016 SGG 9877H SHA 3062B 26/08/2016 15/12/2016 LSP	Non-Reporting ltr (1st):	
	CC6/III16018357/R1yb3q2 25/05/2017 JMR 1978 SHA 3062B 26/08/2016 30/05/2017 LSP	Non-Reporting ltr (2nd):	
	NA/INC16016575/h4 03/09/2016 HO KWANG TAL FBG 229Y SHA 3062B 26/08/2016 06/09/2016 RBA	Non-Reporting ltr (Final)	
	NBA/EQI22006838/Y 19/07/2022 WONG XUN HONG, KYVAN SKE 238A SHA 3062B 15/07/2022 26/07/2022 RBA	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: <u>L/Sum</u>	S\$ <u>26,500.00</u> (<u>7</u> days) Reduction: <u>38</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>03/02/2023</u> Confirm with <u>Janice</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.100%)</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>28,355.00</u>		
Loss of Rental (LOR):	S\$ <u>1,126.71</u> (<u>9</u> days) @ <u>125.19</u>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>450.00</u> (\$ <u>50</u> x <u>9</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ <u>80.00</u> (e.g. Tow/ <u>Independent</u>)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>30,019.16</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>30,019.16</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: _____		