

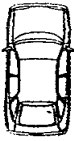
LKK:
IDAC:

ASSIGNMENT

Surveyor: BRYAN

DOI: _____

Date / Time : 12.10.2022

Registered in Merimen: 12.10.2022**Pre-assign / CCU / FTE**

Insured Vehicle No. : SMU 772R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$\$ D.O.A : 11.10.2022 09:55

Place of Accident : BOON LAY DRIVE

Is driver the owner? (YES / NO) Nature of Accident :

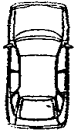
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
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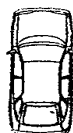
SHC 2598T



INRSR:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Closed Date	Created By	DATE / PIC
SHC 2598T - Reference	15/12/2015	Rqbc2 05/11/2015	SKS 2132J	SHC 2598T	31/08/2015	10/03/2016	CR	Non-Reporting ltr (1st):
NS/INC17024525/K1vbn2	09/01/2018	SHC 2598T	SJE 5477E	21/12/2017	09/01/2018	CR	Non-Reporting ltr (2nd):	
NS/INC19022062/Fvf3e2	07/01/2020	SHC 2598T	SLK 1839R	11/12/2019	08/01/2020	LS	Non-Reporting ltr (Final):	
SMU 772R - X							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:	☐
PRELIMINARY ADVICE	Date/Time:			Sent By:			Post-Repair Photos:	☐
							Others:	☐
FINALIZATION	Date/Time:			Confirm with:			Confirm by:	ABT
Repair Cost:	L/S	S\$ 10,400.00	(9 days)	Reduction:	51 %		Email	☐
							Call	☐
FINAL SETTLEMENT	Date/Time:			Confirm with			Email	☐
							Call	☐
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$	11,232.00						
Loss of Rental (LOR):	S\$	1,075.00	(8.5 days)	X \$126.47				
Loss of Use (LOU):	S\$	-	(\$ x days)					
Loss of Income (LOI):	S\$	425.00	(\$50 x 8.5 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\$	100.00	(e.g. Tow/Independent)				2) Report Format:	TP
Legal Cost	S\$	-					3) Survey fee:	\$350
Total:	S\$	12,839.45		Global Sum S\$:	12,800.00			
FINAL PAYMENT	Date/Time:			Confirm with:			Email	☐
							Call	☐
Payee 1:	S\$	12,800.00	Name 1:	BIFROST AUTO PTE LTD				
Payee 2: (Strike if N.A.)	S\$		Name 2:					
Payee 3: (Strike if N.A.)	S\$		Name 3:					