

ASSIGNMENTSurveyor: BryanDOI: 12/12/2022Date / Time : 09/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YQ 7424D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 08/12/2022 19:15

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

SHC 3171JINSRS: 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 Date	STAGE	DATE / PIC
SHC 3171J -	CC3/ATG14011996/H1zb3q2 16/09/2014 SHC 3171J SGA 5871G 24/06/2014 19/09/2014 LSL1	Non-Reporting ltr (1st):	
	CS/III14009439/Kibd1 25/06/2014 SHD 5513M SHC 3171J 17/05/2014 25/06/2014 CKL	Non-Reporting ltr (2nd):	
YQ 7424D - X		Non-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)	☐ ☐
		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: <u>L/Sum</u> S\$ <u>15,500.00</u> (<u>10</u> days) Reduction: <u>56</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>07/07/2023</u> Confirm with <u>Janice</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.0%)</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>16,585.00</u>			
Loss of Rental (LOR): S\$ <u>1,377.09</u> (<u>11</u> days) @ \$125.19			
Loss of Use (LOU): S\$ <u>550.00</u> (\$ <u>50</u> x <u>11</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ 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 Sale	
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>18,599.54</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>18,599.54</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: _____		