18/5/2010

INS. CASE OWNER:	LALITHA	CC4/III20001058/Dpa3	LKK:
			IDAC:

ASSIGNMENT

Surveyor: BRYAN   DOI: 17/01/2020   Date / Time : 16/01/2020

Registered in Merimen: 17/01/2020

Pre-assign / CCU / FTE

X

Insured Vehicle No.   : **GBC 7789Y**   Claim No.   :

Name of Insured   : **DELCO ART INTERIOR PTE LTD**   Policy No.   : **D18MCV0002346**

Insured Tel No.   :   HP: Make / Model   : MITSUBISHI CANTER-3.0 D FEA01BR2SDEB

Excess Sec II :S$ D.O.A : 14/01/2020   Place of Accident : **LOYANG AVENUE**

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

If **NO**, Driver Name / Age : **SUBIRAMANI MANIKANDAN**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   **+65-91088139**   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

SH 7946H   →   →   →

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

Date/ Time	SH 7946H - NS/INC13011114/H1qn; DOA : 14.06.2013 GBC 7789Y - X	STAGE	DATE / PIC
	# LOO attached.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
01/12/2020	finopu d/s 10 4ro| - vt 6 days y rej	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
20/2	File pass to type mandate.	Notification ltr (if non-pickup)	
12/3/2020 -	File → su li to send RV.	After call ltr to OI	
		Authorisation To Act:	
16/7/2020 -	Pls refer to VIEWS for details.	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:	S$	(days) Reduction:	%	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 12/3/2020	Confirm with Mr W	Email ☑ Call ☐

Final Liability:	% W	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 11128.00		
Loss of Rental (LOR):	S$ 574.75 (5 days) × $ 114.95		
Loss of Use (LOU):	S$ — ($ × days)		
Loss of Income (LOI):	S$ 200.00 ($ 40. x 5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45		1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —		2) Report Format: FP
Disbursement:	S$ 40.00	(e.g Tow/ Independent)	3) Survey fee: $ 600.00
Legal Cost	S$		
Total:	S$ 11950.20	**Global Sum S$:** 11950.00	

FINAL PAYMENT   Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 11950.00	Name 1:	Bifrost Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

From: Date:	Veh No: **SH 7946 H** Yr Regn: **June 2015** COB 2023 Sme
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Vàn / Lorry / (Taxi) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: **Hyundai I40** c.c **1685**
at Workshop m/s	Colour **Blue** A/C: Insured / Std / NI / NA
of	Sp.Reading **508375** T/Radio: Insured / Std / NI / NA
Insured:	Eng/No: **D4FDFU528464**
Policy No.	C/No: **KMHLB4IUMGU075035**
Claims No.	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In(order) / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In(order) / Jammed / Leaked / Burnt or
Make of Veh:	Modi : (Nil) / S/Rim / STD A/Rim or
	Tyre Size: F: **205/60 R16**
(Policy Condition)	R: **—11—**
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Henkook**

N/S	O/S

	Front			Rear	
Bal. or Market Value:	R/Bal.	**5** mm		R/Bal.	**5** mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal.	**5** mm		L/Bal.	**5** mm
GIA / PR Seen: Consistent? : Yes or No					
Est. Repairs: **6** days Res.: Yes or No	D.O.A. **14/01/2020**			D.O.I. **17/01/2020**	
Lum Sum: **20** % 3 Val.: Yes or No	Survey held at **Bifrost Sin Ming**				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or **Front**				
Vehicle: IN / OUT					
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				

Date / Time	Action / Instruction
	III. GBC 7789Y
01/02/2020	finance 2/5 10400/- with 6days from ~~~~ (Red $**14177.68** / **58** %).