15/5/2010

INS. CASE OWNER: CC6/CTI20001135/Dba3q2 ~~CC6/CTI20001135/Dha3~~

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 15/01/2020 Date / Time : 15/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 1670B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/01/2020 12:30

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

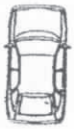
Place of Accident : PIE TWDS AIRPORT

Nature of Accident :

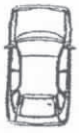
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SH 7091Z → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 7091Z - CC3/CTI18007214/K1ja3q2; DOA: 16.4.18 - NS/INC14016699/H1tbk3; DOA: 30.8.14 SLC 1670B - X SETTLED AND CLOSED

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 11,100.00 (9 days) Reduction: 42.11 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 14/05/2020 Confirm with MR LEE Email [X] Call [ ]

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: (W/GST) S$ 11,877.00

Loss of Rental (LOR): S$ 1,577.39 (14 days) X $112.67 3 VEH C.C , OI = LAST CAR

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 700.00 ($ 50 x 14 days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [X] [Tick only one]

GIA/LTA Search S$

Medical: S$

Disbursement: S$ 40.00 (e.g. Tow/ Independent)

Legal Cost S$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $400.00

Total: S$ 14,194.39 **Global Sum S$:** 14,100.00

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 14,100.00	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: | REF:

ASSIGNMENT

COE April 2024

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S | O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 9 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH7091Z Yr Regn: 2016 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai I40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 444948 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDFU607403

C/No: KMHLB41UMGU087060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	08/01/2020	D.O.I.	15/01/2020

Survey held at Bifrost & in Ming

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front & Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	China Taiping SLG 1670 B
	L/S = 11,100.00
	R = $15260.04/ 42.11%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ( )

Survey Fee:	
Transportation:	
$ + RS $	
Photos	
Others	
TOTAL	