15/5/2010

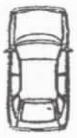
INS. CASE OWNER: NORSIAH | CC4/AIG20001714/Dea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 30/01/2020 Date / Time : 30.01.2020

Registered in Merimen: 31.01.2020

Pre-assign / CCU / FTE X



Insured Vehicle No. : SMM 8168A Claim No. : 8547334385SG

Name of Insured : TONG PEI WOON Policy No. : 1900097836

Insured Tel No. : HP: Make / Model : MINI ONE 5 DOOR RHD

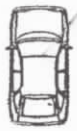
Excess Sec II :S$ D.O.A : 26/01/2020 12:10 Place of Accident : BLK725 BEDOK RESERVOIR RD INFRONT CP LOT 221

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

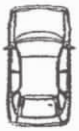
If NO, Driver Name / Age : SEE SHUYA, VANESSA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

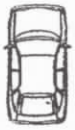
SH 6224P → → →



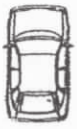
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMM 8168A - X
	SH 6224P - CC6/III16003819/Uyb3q2; DOA: 24.02.16
	- NS/INC15017072/H1qbn2; DOA: 06.10.15
	*** CLAIMING EASH OTHERS ***
	* 3DAYS + 1SUN + 2PRI + 2PH

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: ABT
Repair Cost: L/S	S$ 6,150.00	(3 days) Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.08.20	Confirm with MR LEE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,580.50		OID REVERSED AND HIT TP
Loss of Rental (LOR):	S$ 1,003.20	(8 days) X $125.40	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 400.00	($ 50 x 8 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [Tick only one]	
GIA/LTA Search	S$ -		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Sale~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	S$ 7,983.70	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 14.08.20	Confirm with: MR LEE	Email ☐ Call ☐

Payee 1:	S$ 7,983.70	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	