15/5/2010

INS. CASE OWNER: Bennie Tan | ~~CC4/AIG20001738/Dka3~~ | LKK: | IDAC:

ASSIGNMENT CC4/AIG20001738/Dpa3

Surveyor: BRYAN | DOI: 30/01/2020 | Date / Time : 29/01/2020 | Registered in Merimen: 02/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 9581H | Claim No. : | X

Name of Insured : Yong Ming Chong | Policy No. :

Insured Tel No. : | HP: 81812222 | Make / Model :

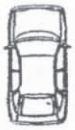
Excess Sec II :S$ | D.O.A : 24/01/2020 11:30 | Place of Accident : JLN EUNOS > CHANGI ROAD

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

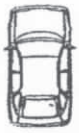
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

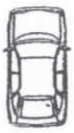
SHA 3550J → | → | →



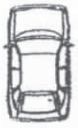
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLA 9581H - X SHA 3550J - CC4/ASM19006412/K1fa3q2; DOA: 09.04.2019 - CS/FCI19001627/Dtd3e2; DOA: 19.01.2019 - CS/FCI19000537/Kvd3n2; DOA: 05.01.2019 - CS/FCI19001588/Dtd3n2; DOA: 19.01.2019 OINR. To send out first letter. File pass to Su Li.
02/07/2021	Pls refer to Views for details.

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/sum | S$ 4,750.00 (5 days) Reduction: 71 % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/07/2021 | Confirm with Mr Yee | Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia :

Repair Cost: w/GST | S$ 5,082.50

Loss of Rental (LOR): | S$ 901.36 (8 days) x $112.67

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$ 7.45

Medical: | S$ | 1) Claim status: Normal/~~Reject/Private Settle~~

Disbursement: | S$ (e.g. Tow/ Independent) | 2) Report Format: TP

Legal Cost | S$ | 3) Survey fee: $320.00

Total: S$ 6,391.31 **Global Sum S$:** 6,390.00

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

Payee 1:	S$ 6,390.00	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:

CJB March 2024

ASSIGNMENT

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: 4 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: SHA 3550 J Yr Regn: 2016 / March

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 542537 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDEU 441559

C/No: KMHLB4HUMGU085541

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	S	mm
L/Bal.	S	mm	S	mm

D.O.A. 24/01/2020 D.O.I. 30/01/2020

Survey held at Bifuxi Sin Ming

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

O/S Rear

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

Date / Time	Action / Instruction
	AIG SLA 9581H

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 ($)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.E.I: ($)