15/5/2010

INS. CASE OWNER: CC6/CTI20001839/D ka3 P.

LKK:
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 3/1/2020 Date / Time : 04/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 7174P		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 25.01.2020	Place of Accident :	
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES (circled) / NO ; TP GIA REPORT: YES (circled) / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SH 7350B → → →

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

Date/ Time	
	- CC3/AIG16007429/H1za3s2; DOA: 20.04.19
	SH 7350B -CC3/AIG16005063/H1ja3n2; DOA: 15.03.16
	CB 7174P NBA/CTI20001606/Y; DOA: 25.01.2020
	- NBA/CTI19013870/Y; DOA: 15.07.19
28/2	Spoke to OI. OID hit TP from behind. Informed TP claim & aware NCD affected. email sent
08/04/2020	forward LS 20000/- with 16 days [illegible]

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: LSUM	S$ 20K (16 days) Reduction: 62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/4/2021	Confirm with Mr Lee	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27.		If NO or B 28, Ass. Lia : 90 rear-ended. TP.
Repair Cost: W/GST	S$ 21400.00		
Loss of Rental (LOR):	S$ 2503.80 (20 days) x $125.19		
Loss of Use (LOU):	S$ — ($ — x — days)		
Loss of Income (LOI):	S$ 1000.00 ($ 50 x 20 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ ~~0~~		
Medical:	S$ —		1) Claim status: Normal (circled)/Reject/Private Settle
Disbursement:	S$ 40.00	(e.g. Tow (circled) Independent)	2) Report Format: TP
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** 24943.80	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 24943.80	Name 1: Bifrost Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	