15/5/2010

INS. CASE OWNER: EILEEN BAY | CC4/FWD20001896/Dpa3 9 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 03/02/2020 Date / Time : 03.02.2020

Registered in Merimen: 03.02.2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLG 1882K	Claim No. :	1202000004560 X
Name of Insured :	LEE KAY MENG, DERIC	Policy No. :	PNPV2019-00013508
Insured Tel No. :	HP: +65-97371882	Make / Model :	TOYOTA ESTIMA
Excess Sec II :S$	D.O.A : 30/01/2020 14:15	Place of Accident :	MOULMEIN 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**

SHD 6814M → ______ → ______ → ______

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

Date/ Time		
	SHD 6814M - X SLG 1882K - X	
11/03/2020	[illegible] L/S 12300/- with 8 days of repair	
12/3/2020	[illegible]	
	- TP ✓ video	
12/6/2020	- DV [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: L/S	S$ 12300.00 (8 days)	Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/6/2020	Confirm with Mr Lee	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NA	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 13161.00		
Loss of Rental (LOR):	S$ 1126.70 (10 days) x $112.67		
Loss of Use (LOU):	S$ — ($ — x — days)		
Loss of Income (LOI):	S$ 500.00 ($ 50 x 10 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: $500.00
Total:	**S$** 14795.15	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 14795.15	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: 1846/D

ASSIGNMENT

COE June 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.

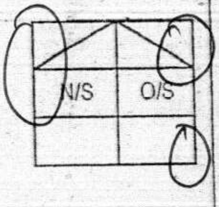
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 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: SHD6814M Yr Regn: 2016 June

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 400305 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU655702

C/No: KMHLB41UM·GU091824

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 Westlake

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 30/01/2020 D.O.I. 03/02/2020

Survey held at Bifrost Sin Ming

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

N/S Portion 4 O/S Front 4 O/S Rear

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

Date / Time	Action / Instruction
	FWD SLG1882K
11/03/2020	[illegible] L/S 12300/- with 8 days of rep
	(Rec 15357.80/56%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LEU: (