

15/5/2010

NG Stacey
6568804351CC4/ASM20002132/D~~3~~^ba3LKK:
IDAC: 159417

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

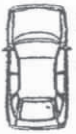
BRYAN

DOI: 07/02/2020

Date / Time : 06/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SML 5354D
 Name of Insured : HITACHI CAPITAL ASIA PACIFIC PTE LTD
 Insured Tel No. : 67346835 HP: _____
 Excess Sec II :S\$ _____ D.O.A : 31.01.2020 17:45
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S0M02F14 X
 Policy No. : VPX/P2280670
 Make / Model : PORSCHE MACAN PDK
 Place of Accident : THOMSON RD TOWARDS CITY

If NO, Driver Name / Age : NASIH ALI

Driver Tel No. : +65-96657905 (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHA 2298U



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	SHA 2298U - X	SML 5354D - X	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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Payment Breakdown Form:		
			Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
21/09/2021	SETTLED AND CLOSED / FILE IN DRAWER				
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____					
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____					
Repair Cost: L/S S\$ 14,400.00 (11 days) Reduction: 47.11 % Email <input type="checkbox"/> Call <input type="checkbox"/>					
FINAL SETTLEMENT Date/Time: 13/09/2021 Confirm with MR YEE Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>					
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :					
Repair Cost: (W/GST) S\$ 15,408.00					
Loss of Rental (LOR): S\$ 1,881.00 (15 days) x \$125.40					
Loss of Use (LOU): S\$ (\$ x days)					
Loss of Income (LOI): S\$ 750.00 (\$ 50 x 15 days)					
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]					
GIA/LTA Search S\$ 7.00					
Medical: S\$					
Disbursement: S\$ 40.00 (e.g. Tow/ Independent)					
Legal Cost S\$					
Total: S\$ 18,086.00 Global Sum S\$: 18,000.00					
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>					
Payee 1: S\$ 18,000.00 Name 1: Bifrost Auto Pte Ltd					
Payee 2: (Strike if N.A.) S\$ Name 2: _____					
Payee 3: (Strike if N.A.) S\$ Name 3: _____					

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00