15/5/2010

INS. CASE OWNER: CC 4/111 2000 3079 / Dgs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ABT DOI: 21/2/2020 Date / Time : 20/2/2020

Registered in Merimen: 24/2/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA7801J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/2/2020 Place of Accident :

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 3303G → → →

INSRS:
WSP: Bifrost Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 3303G : CC3 / TMI 1100836Z / H1bn ; DOA : 3/5/11
	SHA 7801J : CS3 / LCI 1802243J / Dgd 3e2 ; DOM : 10/12/18

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: REPAIR LIMIT S$ 11,400.00 (9 days) Reduction: 23,564.80 % 67 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 21/01/2021	Confirm with MISS LEONG	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,198.00	W/GST	
Loss of Rental (LOR):	S$ 1985.52 (12 days)	x $165.46	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 480.00 ($ 40 x 12 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 40.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	**S$** 14,703.52	**Global Sum S$:** 14,900.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 14,900.00	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:

ASSIGNMENT

COE Oct 2021.

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: 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: SHA 3303 G Yr Regn: Oct / 2013

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: Mercedes Benz E220 c.c _____

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 991468 T/Radio: **Insured / Std / NI / NA**

Eng/No: 651924315024 43

C/No: WDD2120022*A761164

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: 205/60 R16

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	14/02/2020	D.O.I.	21/02/2020

Survey held at Bifrost Sin Ming

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

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

Date / Time	Action / Instruction
	TT SHA 7801 J
	Vehicle balance 20 ~~days~~ months to lifespan end.
	To get BV

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 ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___$ + RS, ___SI	
Photos	
Others	
TOTAL	