

INS. CASE OWNER:

CC 4 / 111 2000 3079 / Dgs3

LKK:

IDAC:

Surveyor:

ABT

DOI:

21/2/2020

Date / Time:

20/2/2020

Registered in Merimen:

24/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7801J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 14/2/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

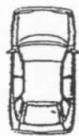
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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		STAGE	DATE / PIC
	SHA 3303G : CC3 / TM1 11008362 / H1bn; DOA: 2/5/11	Non-Reporting ltr (1st):	
	SHA 7801J : CS3 / 111 18022433 / Dgs322; DUA: 10/12/18	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
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:		

