

15/5/2010

CC6/CTI20003244/Dha3

Dba3s2

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **BRYAN**DOI: **19/02/2020**Date / Time : **19/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

SNM20D200838

Insured Vehicle No. : **GBE 3716Z**

Claim No. : _____

Name of Insured : _____

Policy No. : **DMCVSN3087482002**

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : **13/02/2020 08:45**Place of Accident : **WEST COAST WAY**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

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

If NO, Driver Name / Age : _____

Insured Liability : %

Final ? Yes / No

Driver Tel No. : _____

(V/L: YES / NO)

SH 8109BINSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SH 8109B - CC3/EQI15020786/H1ub3s2 ; 02/12/15	Non-Reporting ltr (1st):	
CC3/LCR17021909/M1wb3q2 ; 13/11/17	Non-Reporting ltr (2nd):	
CS/FCI19019734/Dqd3e2 ; 04/11/19	Non-Reporting ltr (Final):	
NA/III13000241/s2 04/01/2013 ; 24/11/12	Notification ltr (if non-pickup):	
GBE 3716Z - X	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:	☐ ☐

04/06/2021 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Email ☐ Call ☐
Repair Cost:	L/S	\$8,000.00	(5 days) Reduction: 65.43 %	Email ☒ Call ☐
FINAL SETTLEMENT		Date/Time: 27/05/2021	Confirm with: MISS LEONG	If NO or B 28, Ass. Lia :
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : NIL	
Repair Cost:	(W/GST)	\$8,560.00		
Loss of Rental (LOR):	\$	1,128.60	(9 days) x \$125.40	OID encroached lane
Loss of Use (LOU):	\$		(\$ x 9 days)	
Loss of Income (LOI):	\$	450.00	(\$ 50 x 9 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒		[Tick only one]	
GIA/LTA Search	\$	7.45		1) Claim status: Normal/Reject/Private Settle
Medical:	\$		(e.g. Tow/ Independent)	2) Report Format: TP
Disbursement:	\$			3) Survey fee: \$400.00
Legal Cost	\$			
Total:	\$	10,146.05	Global Sum \$:	Email ☐ Call ☐
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	\$	10,146.05	Name 1: Bifrost Auto Pte Ltd	
Payee 2: (Strike if N.A.)	\$		Name 2:	
Payee 3: (Strike if N.A.)	\$		Name 3:	