

INS. CASE OWNER:

ASSIGNMENT

Surveyor: BRYAN

DOI: 20/02/2020

Date / Time : 20/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 9404D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/02/2020 12:50

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 8139G



INSRS:
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
SHA 8139G - CC4/FCI20000970/Eka3 ; 06/01/2020	Non-Reporting ltr (1st):	
CS/FCI18011698/R1qd3s2 ; 23/06/2018	Non-Reporting ltr (2nd):	
SJG 9404D - NA/CTI17024257/r3; 21.12.17	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 type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: ABT

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: ABT
Repair Cost: L/S S\$ 9,000.00 (8 days) Reduction: 59 % Email Call

FINAL SETTLEMENT Date/Time: 04.09.20 Confirm with MR LEE Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia : OID CHANGED LANE HIT TP

Repair Cost: w/GST S\$ 9,630.00
Loss of Rental (LOR): S\$ 1,627.47 (13 days) X \$125.19

Loss of Use (LOU): S\$ - (\$ x days)
Loss of Income (LOI): S\$ 650.00 (\$ 50 x 13 days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.45
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/Independent)
Legal Cost S\$ -

Total: S\$ 11,914.92 **Global Sum S\$:** 11,900.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$400

FINAL PAYMENT Date/Time: 04.09.20 Confirm with: MR LEE Email Call

Payee 1: S\$ 11,900.00 Name 1: BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3: