15/5/2010

INS. CASE OWNER:

CC4/III20005865/Dea3

LKK:

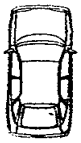
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 21/05/2020

Registered in Merimen: 21/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4325G Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

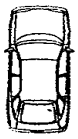
Excess Sec II :S$ _____ D.O.A : 15/05/2020 Place of Accident : _____

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

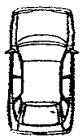
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

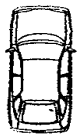
SH 9639G → _____ → _____ → _____



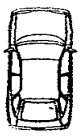
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 9639G - CC3/AIG18013962/K1fb3q2 ; 28/07/2018
	NS/INC11017175/H1vk3 ; 22/08/2011
	SHB 4325G - NS/INC12011432/H1y1r2 08/06/2012
	NS/INC13015775/M1gu2 25/08/2013
	CC3/EQI15015190/H1ja3s2 02/09/2015
	CC3/TMI11008686/H1bn 09/05/2011

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: ABT
Repair Cost: L/S	S$ 16,200.00 (10 days)	Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25.01.21	Confirm with MISS LEONG	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 17,334.00	OID BEATS RED LIGHT HIT TP	
Loss of Rental (LOR):	S$ 1,577.38 (14 days)	x $112.67	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 560.00 ($ 40 x 14 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$ 80.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600
Total:	**S$** 19,551.38	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 25.01.21	Confirm with: MISS LEONG	Email ☐ Call ☐

Payee 1:	S$ 19,551.38	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	