

INS. CASE OWNER:

CC4 / AIG 2000 7273 / Drs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **BRYAN**DOI: **14/07/2020**Date / Time : **14/07/2020**Registered in Merimen: **14/07/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKJ 9897L**

Claim No. : _____

Name of Insured : **LEE YEOW FAI**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **12/07/2020**

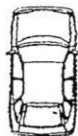
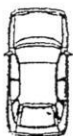
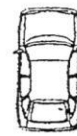
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHC 7767PINSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 7767P : CC3/CTI16021309/H1ub3n2 ; DOA : 05/11/2016 SKJ 9897L : X	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: P/P	S\$ 10,002.16 (7 days) Reduction: 38 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 18/8/2021 Confirm with MR YEE	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 10,702.31		
Loss of Rental (LOR):	S\$ 1,126.71 (9 days) x \$125.19		
Loss of Use (LOU):	S\$ _____ (\$ x days)		
Loss of Income (LOI):	S\$ 450.00 (\$50 x 9 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	S\$ 80.00 (e.g. ☒ Tow / Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: 320.00	
Total:	S\$ 12,366.47 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 12,366.47 Name 1: Bifrost Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		