15/5/2010

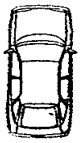
INS. CASE OWNER: JAIME TAY | CC4/EQI20009551/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 08/09/2020 Date / Time : 07/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 5536T | Claim No. : DM20HO01305/JT

Name of Insured : | Policy No. :

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

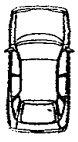
Excess Sec II :S$ D.O.A : 05.09.2020 | Place of Accident : SEMBAWANG CRESCENT TWDS SEMBAWANG DR

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

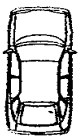
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

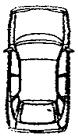
SH 6002M → _____ → _____ → _____



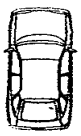
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 6002M- CC3/III17006087/H1eb3q2 ; 25/03/2017	Non-Reporting ltr (1st):	
	CC4/III15017935/M1jb3q2 ; 14/10/2015	Non-Reporting ltr (2nd):	
	YN 5536T - NA/INC19014479/z4 ; 17/08/2019	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: L/S S$ 11,700.00 (8 days) Reduction: $17,696.58 % 60 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/05/2021 Confirm with MR YEE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,519.00 W/GST	
Loss of Rental (LOR):	S$ 1,379.40 (11 days) x $125.40	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 550.00 ($50 x 11 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$	
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: $400.00
Total:	**S$** 14,528.40 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 14,528.40	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	