15/5/2010

INS. CASE OWNER:

CC4/EQI20009717/Dgs3

LKK:

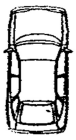
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 11/09/2020 Date / Time : 11/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PUBLIC LIABILITY Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

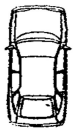
Excess Sec II :S$ D.O.A : 04/09/2020 Place of Accident :

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

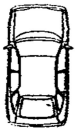
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

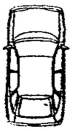
SHC 8814E → → →



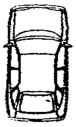
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 8814E : NS/INC17020752/K1rbn2 ; DOA : 27/10/2017

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: P/P S$ 13,177.99 (6 days) Reduction: 50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.08.21 Confirm with MR YEE Email ☐ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 14,100.45	RUBBISH CAR ROLLED DOWN THE SLOPE HIT ONTO TPV
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 + LO ☑ [**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: $400
Total:	**S$** 16,109.85 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 17.08.21 Confirm with: MR YEE Email ☐ Cal ☐

Payee 1:	S$ 16,109.85	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	