15/5/2010

INS. CASE OWNER:

CC6/CTI20010576/Dea3q2

LKK:

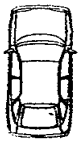
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 02/10/2020 Date / Time : 02/10/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SGK 2176Y Claim No. : SNM20D203646/SGK2176Y/CHUAKK

Name of Insured : Policy No. : DMHCSNA00002692000

Insured Tel No. : HP: Make / Model :

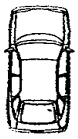
Excess Sec II :S$ D.O.A : 30.09.2020 15:00 Place of Accident : AYE TWDS CITY BEF ALEXANDRA EXIT

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

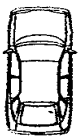
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

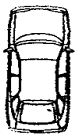
SMD 5727D → SGK 2176Y → SHA 1353A → SLR 5071A



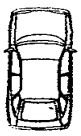
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	CC3/AIG17001189/H1pa3q2 - 14/01/2017	
	CC4/III17002267/K1pb3s2 - 01/02/2017	
	SHA 1353A - CC4/III20010535/Aba3 - 30/09/2020	
	CS/III10024768/T1fr1 - 05/12/2010	
	CS/TMI16019940/M1gh3n2 - 14/10/2016	
	SGK 2176Y - CS/AIG19007816/Gqd3n2 - 27/04/2019	

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$ 15,000.00 (7 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31.05.21 Confirm with MR YEE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 16,050.00	4 VEH CC OID 3RD	
Loss of Rental (LOR):	S$ 1,003.20 (8 days)	X $125.40	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 400.00 ($ 50 x 8 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 Settle~~
Disbursement:	S$ 80.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 17,540.65	**Global Sum S$:**	

FINAL PAYMENT Date/Time: 31.05.21 Confirm with: MR YEE Email ☐ Call ☐

Payee 1:	S$ 17,540.65	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	