15/5/2010

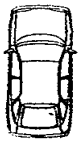
INS. CASE OWNER: DHANYA | CC4/III20010610/Dba3 | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 02/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3404H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

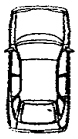
Excess Sec II :S$ D.O.A : 01/10/2020 20:35 Place of Accident : TAMPINES CENTRAL 1 X CENTRAL 4

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

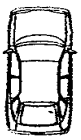
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

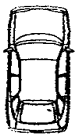
SHA 4778M → → →



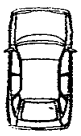
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 4778M - CS/FCI17017246/R1tbn2 - 02/09/2017 SHD 3404H - CC3/AIG13018747/H1g2t2w2 - 04/10/2013 CC3/AIG14016401/H1h2a3w2 - 27/08/2014 CS/INC09003146/Z1cq1 - 17/01/2009 CS/TMI14000145/Ygbd1 - 02/01/2014	
25/05/2021	SETTLED AND CLOSED / NO PHY FILE	

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$ 7,561.84 (5 days) Reduction: 51.94 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 24/05/2021 Confirm with MISS LEONG Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 8,091.17	
Loss of Rental (LOR):	S$ 1,001.52 (8 days) X $125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 320.00 ($ 40 x 8 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: $600.00
Total:	**S$** 9,492.69 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 9,492.69	Name 1:	Bifrost Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	