15/5/2010					LKK:		
INS. CASE OWNER	·•	CC4/III200	11479/Db	s3	IDAC:		
I.O. CLUB O WITEH	<u>·</u>	ASSIGNN		- - -	+		
		$_{\rm DOI:} \frac{ASSIGNA}{22/10/2}$			00/40/0000		
Surveyor:	BRYAN	DOI: <u>ZZ/10/2</u>	1020	Date / Time :	23/10/2020		
				Registered in Merimen: 22/10/2020			
Pre-assign / CCU	/ FTE						
Insured Vehicle No	o. : GBC 78 ²	1 4 H	Claim No.				
misured venicle in			Claim No.	•			
Name of Insured	: BIG FOOT LOGI	<u>ISTIC PTE L</u> TD	Policy No.	:			
Insured Tel No.	:	HP:	Make / Model	:			
Excess Sec II :S\$		D.O.A: 20/10/2020	Place of Accid	lent :			
			Trace of Accie				
Is driver the owner	? (YES /NO)	Nature of Accident :					
If NO, Driver Nar	ne / Age :	_	OI GIA REPO	RT:YES/NO;TP	P GIA REPORT: YES/ N	O	
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabil	ity: %	% Final? Yes / No		
0110.0570							
SHD 6570	<u>R</u>				→	_	
INSRS:	INSRS	:	INSRS:		INSRS:		
WSP: BIFROS	#1 11		WSP:		WSP:		
H Tel:	Tel:	HA	Tel:	HA	Tel:		
Liability:	Liabilit	1/4/	Liability:	K-N	Liability:		
RMKS:	RMKS		RMKS:		RMKS:		
Date/ Time							
	SHD 6570R : CS3/FCI19	9008165/Acd3s2 ; DOA : 07/05	5/2019	STAGE	DATE / P	IC	
	GBC 7814H : X			Non-Reporting ltr (1	,		
				Non-Reporting ltr (2	,		
				Non-Reporting ltr (F Notification ltr (if no			
				Call OI:	лі-ріскир).		
				After call ltr to OI:			
				Documentation Che	eck List: Handler Typi	st	
				Notification ltr (if no	on-pickup)		
				After call ltr to OI:			
				Authorisation To Ac	t:		
				Release Voucher:	V		
				Final Repair Bill:		Щ	
08/06/2021		01 00=5 /110 51 N/		Car Rental Invoice:	<u> </u>		
	SETTLED AND	FILE	Towing Invoice		<u> </u>		
				LTA / GIA :		\blacksquare	
				Medical Bill:		\vdash	
				PIR:		屵	
				Mandate/Reject In	struction:	\vdash	
				LOD Payment Breakdov	yn Form:	\vdash	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos		\vdash	
RELIMINARI ADVICE	Date/Tille.	эси ву.		Others:	5.	\vdash	
INALIZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost: L/S		days) Reduction: 58.40) %	Commin by.	Email Call		
INAL SETTLEMENT	•	Confirm with MISS LEON		Email Cal			
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass	 s. Lia :		
Repair Cost: (W/GST)	s\$ 7,490.00	,		20,110			
oss of Rental (LOR):		8 days) X \$110.67		Insured driver I	hit stationary third party	,	
oss of Use (LOU):	S\$ (\$ x	days)		at the junction	waiting for traffic light		
oss of Income (LOI):		8 days)					
OR only LOU only		LOR + LO Tick only or	ne]				
GIA/LTA Search	s\$ 7.45						
Iedical:	S\$				ormal/Reject/Private Sett	le	
Disbursement:	s\$ 80.00	(e.g. Tow/ Independen	t)	2) Report Format:	TP	00	
egal Cost	S\$ 782 81	GLI IG CA		3) Survey fee:	\$600	.UU	
otal:	s\$0,782.81	Global Sum S\$:		— -			
INAL PAYMENT	Date/Time:	Confirm with:		Email Cal			
ayee 1:	s\$8,782.81	Name 1: Bifrost A	uto Pte	_Ltd			
Payee 2: (Strike if N.A.)	S\$	Name 2:					

Payee 3: (Strike if N.A.)

S\$

Name 3: