15/5/2010

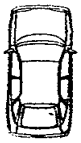
INS. CASE OWNER: KAREN TAN | CC4/FCI20012147/Gya3q2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Guo Qiang DOI: 08/11/2020 Date / Time : 05/11/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2967L Claim No. : D20004496MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : HP: Make / Model :

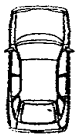
Excess Sec II :S$ D.O.A : 02/11/2020 22:00 Place of Accident : SLIP RD FROM ANG MO KIO AVE 5 TO CTE

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

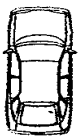
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

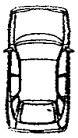
PC 7838Z → → →



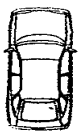
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 7838Z - CC4/III20011986/ba3 ; 05/10/2020	Non-Reporting ltr (1st):	
	NA/INC20012052/z4 ; 02/11/2020	Non-Reporting ltr (2nd):	
	SHC 2967L - CS/FCI19017623/Etd3s2 ; 01/10/2019	Non-Reporting ltr (Final):	
	NA/INC20012052/z4 ; 02/11/2020	Notification ltr (if non-pickup):	
	NA/MSG15017344/d2 ; 12/10/2015	Call OI:	
	NS/INC18022651/K1qbs2 ; 14/12/2018	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: XGQ

Repair Cost: L/S S$ 4,050.00 (5 days) Reduction: 61 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/05/2023 Confirm with IVY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,333.50	OID REAR ENDED TP
Loss of Rental (LOR):	S$ 840.00 (7 days) x $120	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x 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$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $500
Total:	**S$** 5,180.95 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 29.08.22 Confirm with: IVY Email ☐ Call ☐

Payee 1:	S$ 5,180.95	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	