15/5/2010

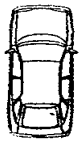
INS. CASE OWNER: LOH CHEE HENG | CC4/AIG20012426/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 13/11/2020 Date / Time : 12/11/2020

Registered in Merimen: 12/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 5305H | Claim No. : 6031481961SG

Name of Insured : COSS FOOD MARKETING PTE LTD | Policy No. : 2070108028

Insured Tel No. : _____ HP: _____ | Make / Model : HINO XZU710R-HKFMS3

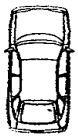
Excess Sec II :S$ _____ D.O.A : 10/11/2020 11:30 | Place of Accident : ALONG UPP THOMSON RD AFTER SIN MING AVE JUNCTION

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

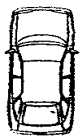
If **NO**, Driver Name / Age : GUO DONGSHENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

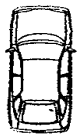
SHC 8832C → _____ → _____ → _____



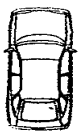
INSRS:
WSP: BIFROST AUTO PTE LTD.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 8832C - X YP 5305H - X	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 10,000.00 (8 days)	Reduction: $10,483.92 % 51	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/07/2021	Confirm with MR YEE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 10,700.00	W/GST	
Loss of Rental (LOR):	S$ 1,034.55 (9 days)	x $114.95	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑	[**Tick only one**]	
GIA/LTA Search	S$		
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: $320.00
Total:	**S$** 11,814.55	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 11,814.55	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	