15/5/2010

INS. CASE OWNER: CC6/CTI21000636/Des3

LKK:

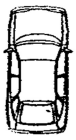
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 14/01/2021 Date / Time : 13/01/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 7820A Claim No. :

Name of Insured : ENVIPURE PTE. LTD. Policy No. :

Insured Tel No. : HP: Make / Model :

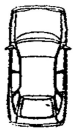
Excess Sec II :S$ D.O.A :12/01/2021 Place of Accident :

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

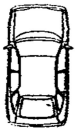
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

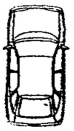
SH 7506U → → →



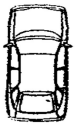
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 7506U : NS/INC17006635/H1rbn2 ; DOA : 01/04/2017
	GBA 7820A : X

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: P/P S$ 7,854.97 (8 days) Reduction: 53 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 21.10.21 Confirm with MR YEE Email [ ] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 8,404.82	OID REAR ENDED TP
Loss of Rental (LOR):	S$ 1,138.23 (9 days) x $126.47	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 450.00 ($ 50 x 9 days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LO [✓] [**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: $400
Total:	**S$** 10,080.50 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 21.10.21 Confirm with: MR YEE Email [ ] Cal [ ]

Payee 1:	S$ 10,080.50	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	