

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUS

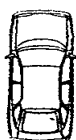
DOI:

05/02/2021

Date / Time : 05/02/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3833T

Claim No. : S1M0324G

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2420438

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 29/01/2021 09:05

Place of Accident : VERTEX AT 33 UBI AVE 3

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

If NO, Driver Name / Age : TAM CHENG SOON

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMC 5419Z

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

Date/ Time			
	SMC 5419Z - CS3/FCI19005180/Gcd3s2 ; 20.03.2019 SHA 3833T - NJA/INC10021547/y1 ; 26.10.2010	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
09/07/2021	Pls refer to VIEWS for details.	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/sum	S\$ 1,900.00 (3 days) Reduction: 77 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/07/2021 Confirm with: Suanne	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,033.00		
Loss of Rental (LOR):	S\$ 560.00 (4 days) x\$140.00		
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: \$350.00	
Total:	S\$ 2,600.45	Global Sum S\$: 2,600.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 2,600.00	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	