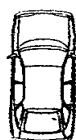


INS. CASE OWNER:

ASSIGNMENTSurveyor: **MR. LIM**DOI: **07/04/2021**Date / Time : **06/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 128A**Claim No. : **S1M0375Z**Name of Insured : **TRANS-CAB SERVICES PTE LTD**Policy No. : **P2413997**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ **5,000.00**D.O.A : **01/04/2021**Place of Accident : **682 Hougang carpark**

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

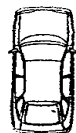
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SKC 1542A**INSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKC 1542A - CC4/III16005266/T1ua3q2 ; 17/03/2016	STAGE	DATE / PIC
	CC7/AIG12012069/Kpb3y ; 19/06/2012	Non-Reporting ltr (1st):	
	CS/III12012538/Rfd1 ; 18/06/2012	Non-Reporting ltr (2nd):	
	CS3/AXA14000982/H1m3k3 ; 14/01/2014	Non-Reporting ltr (Final):	
	NA/INC20014633/h4 ; 28/12/2020	Notification ltr (if non-pickup):	
	SHD 128A - CC3/LCR18011806/Kwa3q2 ; 25/06/2018	Call OI:	
	NA/INC09028919/p1 ; 28/12/2009	After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
	TPV: TOYOTA ALPHARD - 2362cc	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\$ \$2,650.00 (3 days) Reduction: \$7,657.23 % 74	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 17/12/2021 Confirm with SUANNE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,835.50 W/GST		
Loss of Rental (LOR):	S\$ 540.00 (3 days) x \$180.00		
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\$ 3,382.95	Global Sum S\$: 3,350.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,350.00	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	