15/5/2010

INS. CASE OWNER: CC6/CTI21004947/Dea3

LKK:

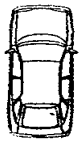
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 22/04/2021 Date / Time : 20/04/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 704P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19.04.2021 08:45

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

If **NO**, Driver Name / Age :

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

Claim No. : SNM21D202259/C02/SMP704P/THAMYL

Policy No. : DMPCSNA00120572001

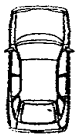
Make / Model :

Place of Accident :

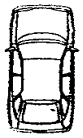
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

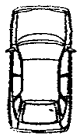
SHC 3422K → → →



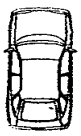
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 3422K - CC3/AIG08016475/VDn ; 03/06/2008	**STAGE** **DATE / PIC**
	NA/INC15018782/h4 ; 16/10/2015	Non-Reporting ltr (1st):
	NS/INC15017723/H1qbn2 ; 16/10/2015	Non-Reporting ltr (2nd):
	SMP 704P - X	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: LTG
Repair Cost: P/P	S$ 11,356.47 (9 days)	Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.03.22	Confirm with MR YEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 14	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 12,151.42	OID MOVE OFF FROM STATIOANRY POSITION HIT TP	
Loss of Rental (LOR):	S$ 1,296.80 (10 days)	x $129.68	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 500.00 ($ 50 x 10 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: $400
Total:	**S$** 13,955.67	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 16.03.22	Confirm with: MR YEE	Email ☐ Call ☐
Payee 1:	S$ 13,955.67	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	