15/5/2010

INS. CASE OWNER: CC6/CTI21005190/Dea3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 28/04/2021 Date / Time : 27/04/2021

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 3277P Claim No. : SNM21D202401/C02/GX3277P/TOHHS

Name of Insured : Maxiseal Pte Ltd Policy No. : DMCVSNW00026542100

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/04/2021 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**

SHD 7104Y → → →

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

Date/ Time		
	SHD 7104Y : X	**STAGE** **DATE / PIC**
	GX 3277P : CC6/EQI15021008/Upb3n2 ; DOA : 08/12/2015	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: ABT
Repair Cost: L/S	S$ 10,700.00 (7 days)	Reduction: 58 %	Email Call
FINAL SETTLEMENT	Date/Time: 10.03.22	Confirm with MR YEE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9d	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 11,449.00	OID MAKE A RIGHT TURN INTO MAIN ROAD	
Loss of Rental (LOR):	S$ 1,254.00 (10 days)	X $125.40	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 500.00 ($ 50 x 10 days)		
LOR only LOU only LOR + LOU LOR + LO ✓	[**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: $400
Total:	**S$** 13,210.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 10.03.22	Confirm with: MR YEE		Email	Cal
Payee 1:	S$ 13,210.45	Name 1:	BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			