15/5/2010

INS. CASE OWNER:

CC6/CTI21005576/Dea3q2

LKK:

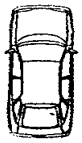
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 07/05/2021 Date / Time : 06/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 5049S

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 05.05.2021 21:30

Is driver the owner? (YES / NO)

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

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

Claim No. : SNM21D202631/C02/SMF5049S/LEWLC

Policy No. : DMPCSNW00157502000

Make / Model :

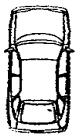
Place of Accident : CTE BOFORE MOULMEIN EXIT

Nature of Accident :

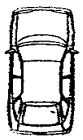
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

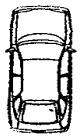
SHA 8735K → → →



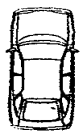
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 8735K - CS/FCI13011073/Ugk3 ; 16/06/2013	**STAGE** **DATE / PIC**
	CS3/FCI20010036/Gyf3s2 ; 15/09/2020	Non-Reporting ltr (1st):
	NJA/MGA08011097/h1 ; 04/04/2008	Non-Reporting ltr (2nd):
	SMF 5049S - 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: ABT
Repair Cost: L/S	S$ 11,800.00 (7 days)	Reduction: 44 %	Email Call
FINAL SETTLEMENT	Date/Time: 08.03.22	Confirm with MR YEE	Email Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 12,626.00	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 1,126.71 (9 days)	x $125.19	
Loss of Use (LOU):	S$ - ($ 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$ 80.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 13,840.16	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 08.03.22	Confirm with: MR YEE	Email Call
Payee 1:	S$ 13,840.16	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	