15/5/2010

INS. CASE OWNER:

CC6/CTI21007327/Dea3q2

LKK:

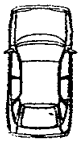
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 1813P Claim No. : SNM21D203712/C02/SJY1813P/TOHHS

Name of Insured : Policy No. : DMPCSNA00041402101

Insured Tel No. : HP: Make / Model :

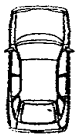
Excess Sec II :S$ D.O.A : 03.07.2021 Place of Accident :

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

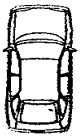
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

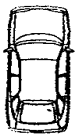
SHC 711X → → →



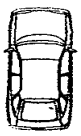
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 711X - CC4/ASM18012968/K1pb3q2; 14/07/2018	**STAGE** **DATE / PIC**
	CS/FCI17018611/R1qbn2 ; 18/09/2017	Non-Reporting ltr (1st):
	CS3/FCI15021971/Gqh3c2; 22/12/2015	Non-Reporting ltr (2nd):
	NA/AIG15021930/h4 ; 22/12/2015	Non-Reporting ltr (Final):
	SJY 1813P - CC3/CTI16014099/R1ya3n2 ; 27/07/2016	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$ 15,000.00 (8 days) Reduction: 59 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.05.22	Confirm with MR YEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 16,050.00	OI TURN RH AT CONTROL JUNCTION W/O ARROW	
Loss of Rental (LOR):	S$ 1,264.70 (10 days)	X $126.47	
Loss of Use (LOU):	S$ - ($ 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$ 80.00 (e.g. Tow/ ~~Independent~~)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 17,902.15	**Global Sum S$:** 17,900.00	
FINAL PAYMENT	Date/Time: 23.05.22	Confirm with: MR YEE	Email ☐ Call ☐

Payee 1:	S$ 17,900.00	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	