15/5/2010

INS. CASE OWNER: CC4/ASM21008398/Dga3

LKK:

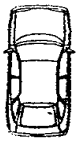
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 11/08/2021 Date / Time : 11/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 8934S Claim No. : S1M03F9P

Name of Insured : LI XIUYUE Policy No. : GA421169/1

Insured Tel No. : HP: Make / Model :

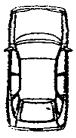
Excess Sec II :S$ D.O.A : 07/08/2021 Place of Accident :

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

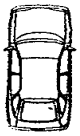
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

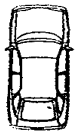
SHC 8703S → → →



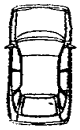
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 8703S : CC4/AIG21007912/T1gs3 ; DOA : 23/06/2021
	SMF 8934S : X
	TPV: HYUNDAI I40 - 1685cc

STAGE	DATE / PIC
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S$ 3700.00 (5 days)	Reduction: 20,881.00 % 85	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/07/2022	Confirm with MR YEE	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,959.00	W/GST	
Loss of Rental (LOR):	S$ 804.65 (7 days)	x $114.95	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 350.00 ($ 50 x 7 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$ 80.00	(e.g. Tow / Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 5,201.10	**Global Sum S$:** 5,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 5,200.00	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	