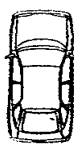


INS. CASE OWNER:

ASSIGNMENT

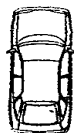
Surveyor: LIM DOI: 09/09/2021 Date / Time : 06/09/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

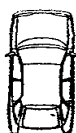


Insured Vehicle No. : GBK 8097L Claim No. : 20/21/21/VC05/024927
Name of Insured : _____ Policy No. : Z20VC05006605
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 31/08/2021 1435 Place of Accident : PIE TWDS TUAS BEFORE CTE SLE EXIT
Is driver the owner? (YES / 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**

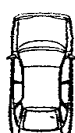
GBC 3099G → → →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GBC 3099G - CS/AIG12012760/Uvd1 ; 26/06/2012</u>	Non-Reporting ltr (1st):	
	<u>NA/AIG12024632/m2 ; 21/12/2012</u>	Non-Reporting ltr (2nd):	
	<u>GBK 8097L - X</u>	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: LTG
Repair Cost: L/S S\$ 4,250.00 (5 days) Reduction: 49 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 27.05.22 Confirm with JR		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,547.50		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ 700.00 (7 days) x \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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\$ 5,254.95	Global Sum S\$:		
FINAL PAYMENT Date/Time: 27.05.22 Confirm with: JR		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 5,254.95 Name 1: BIFROST AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			