15/5/2010

INS. CASE OWNER: CC6/CTI22004323/Dpa3q2

LKK:

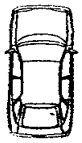
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 10.05.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 1195Z Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

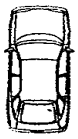
Excess Sec II :S$ _____ D.O.A : 08.05.2022 Place of Accident : _____

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

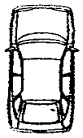
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

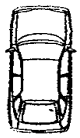
SHC 503E → _____ → _____ → _____



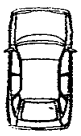
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 503E - CS/MSG17015373/K1gbe2; 05/08/2017	
	NA/CTI22004302/r3; 08/05/2022	
	NA/INC10003009/w1; 11/02/2010	
	NS/INC21011152/Vtcn2; 27/10/2021	
	SMG 1195Z - NA/CTI22004302/r3 ; 08.05.2022	

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: L/Sum S$ 29,000.00 (13 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/01/2023 Confirm with Janice Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 31,030.00	
Loss of Rental (LOR):	S$ 1,627.47 (13 days) X$125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 650.00 ($ 50 x 13 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: $400.00
Total:	**S$** 33,394.92 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 33,394.92	Name 1:	Bifrost Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	