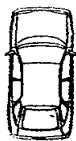


INS. CASE OWNER:

CC4/III22004885/Kpa3q2

IDAC:

ASSIGNMENTSurveyor: KennethDOI: 20/06/2022Date / Time : 24.05.2022Registered in Merimen: 24.05.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMJ 9149P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

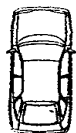
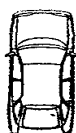
Excess Sec II :S\$ _____ D.O.A : 19.05.2022 1015Place of Accident : 307 YISHUN RING ROAD

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**SMT 9176HINSRS:
WSP: Bifrost Auto
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMT 9176H - X		SMJ 9149P - X	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
				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: <u>L/sum</u>	S\$ <u>1,300.00</u> (<u>4</u> days)	Reduction: <u>59</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>21/10/2022</u>	Confirm with <u>LC Lim</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed)	BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,391.00</u>				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ <u>200.00</u> (\$ <u>50</u> x <u>4</u> days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ <u>7.45</u>				
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle			
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>			
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>			
Total:	S\$ <u>1,598.45</u>	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1:	S\$ <u>1,598.45</u>	Name 1:	<u>Bifrost Auto Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			