15/5/2010

INS. CASE OWNER:

CC6/CTI22006581/Dpa3q2

LKK:

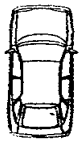
IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 12/07/2022 Date / Time : 08/07/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 8695R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

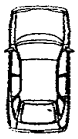
Excess Sec II :S$ D.O.A : 08.07.2022 08:50 Place of Accident :

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

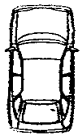
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

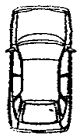
SHD 4264M → → →



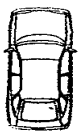
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHD 4264M - CC3/CTI21005176/T1es3q2 13/07/2021	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By SHD 4264M GBK 6183J 27/03/2021 14/07/2021 LSL
GBJ 8695R - 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**	**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: Part by Part S$ 8,719.52 (8 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/02/2023 Confirm with Janice Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S$ 9,329.89	
Loss of Rental (LOR):	S$ 876.33 (7 days) @$125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 350.00 ($ 50 x 7 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + 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: $400
Total:	**S$** 10,643.67 **Global Sum S$:**	

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

Payee 1:	S$ 10,643.67	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	