15/5/2010

INS. CASE OWNER:

CC6/CTI22007705/ga3

LKK:

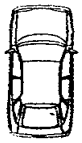
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 4130T

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 11.08.2022

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

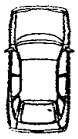
Place of Accident : _____

Nature of Accident : _____

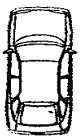
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

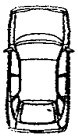
SHA 4254H → _____ → _____ → _____



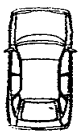
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHA 4254H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG14020399/H1hy3u2 17/12/2014 SHA 4254H SGF 4656S 23/10/2014 19/12/2014 KYS CS/ASM22007366/Aqy3 02/08/2022 SLV 6467P SHA 4254H 31/07/2022 RAP CS3/ASM22004422/Gty3e2 16/06/2022 SJN 2804S SHA 4254H 09/05/2022 16/06/2022 FWL NA/INC10022627/w1 10/11/2010 MUHAMAD RAFIE BIN ABDUL RAHMAN FY 2649M SHA 4254H 03/11/2010 17/11/2010 LCH NA/INC12003270/k 16/02/2012 ASHVINKUMAR S/O KANTILAL SJB 2863J SHA 4254H 15/02/2012 22/02/2012 LYT NS/INC12003451/H1fn 06/03/2012 SHA 4254H SJB 2863J 15/02/2012 07/03/2012 LPY NS/INC20003366/T1qf3e2 21/08/2020 SHA 4254H SMM 4754J 05/08/2020 24/08/2020 FWL
SMP 4130T - X	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
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:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	