15/5/2010

INS. CASE OWNER: CC6/CTI22008315/pa3

LKK:

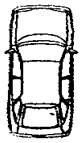
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 5048K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 26.08.2022

Place of Accident : _____

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

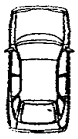
If **NO**, Driver Name / Age :

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

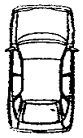
Driver Tel No. : (V/L: YES / NO)

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

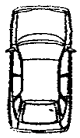
SHD 4648P → _____ → _____ → _____



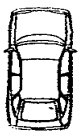
INSRS: BIFROST AUTO PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHD 4648P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**DATE / PIC**	
CS/FCI16010619/M1th3d1 12/07/2016 SGZ 5591H SHD 4648P 05/06/2016 13/07/2016 CCY		Non-Reporting ltr (1st):	
CS1/FCI13021136/Cqm3d1 15/11/2013 SJQ 2338E SHD 4648P 31/08/2013 15/11/2013 BPL		Non-Reporting ltr (2nd):	
GBD 5048K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (Final):	
CS/CTI18004137/Urbn2 26/03/2018 SJM 3804R GBD 5048K 28/02/2018 27/03/2018 CK		Notification ltr (if non-pickup):	
NA/CTI17010700/h4 02/06/2017 MD SHAHIN GBD 5048K SKP 9114G 01/06/2017 07/06/2017 LSH		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: ABT
Repair Cost: P/P	S$ 17,294.12 (12 days)	Reduction: 49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 18,504.71		
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: $400
Total:	**S$** 20,869.63	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 20,869.63	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	