15/5/2010

INS. CASE OWNER:

CC4/AIS22012486/pa3

LKK:

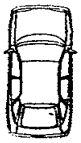
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 14.12.2022

Registered in Merimen: 14.12.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJA 1161M

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 12.12.2022

Is driver the owner? (YES / NO)

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

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

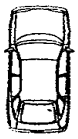
Place of Accident : _____

Nature of Accident : _____

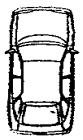
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

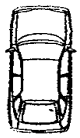
SHA 2702U → _____ → _____ → _____



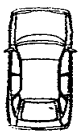
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHA 2702U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CC3/CTI17001589/H1ua3n2 01/08/2017 SHA 2702U SJB 3090R 21/01/2017 04/08/2017 HMK	Non-Reporting ltr (2nd):	
	CS/III20003439/Hvf3s2 12/03/2020 FJ 5419U SHA 2702U 13/02/2020 24/03/2020 LSL1	Non-Reporting ltr (Final):	
	NS/INC18006132/K1qbn2 10/04/2018 SHA 2702U SLS 2682B 27/03/2018 10/04/2018 GK	Notification ltr (if non-pickup):	
	NS/INC20002725/Nqf3e2 26/02/2020 SHA 2702U FJ 5419U 13/02/2020 28/02/2020 LST	Call OI:	
SJA 1161M - X		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:
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:	