15/5/2010

INS. CASE OWNER:

CC6/CTI23005630/pa3

LKK:

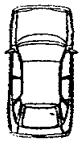
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05.06.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 7220S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 05.06.2023

Place of Accident : _____

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

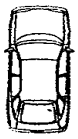
If **NO**, Driver Name / Age :

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

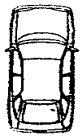
Driver Tel No. : (V/L: YES / NO)

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

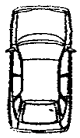
SHD 4977P → _____ → _____ → _____



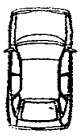
INSRS: BIFROST AUTO PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SHD 4977P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/ASM22006441/Uqy3e2 15/07/2022 SLD 1527C SHD 4977P 01/07/2022 15/07/2022 RAP NBA/AIG19003522/Y 25/02/2019 NG KOK PENG SLP 2699U SHD 4977P 24/02/2019 04/03/2019 RBA		
SMQ 7220S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/CTI23000534/Uvp3q2 09/02/2023 SLL 9488L SMQ 7220S 15/01/2023 10/02/2023 RAP		

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:	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:	