15/5/2010

INS. CASE OWNER: CC4/AIS23007691/Dpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: Date / Time : 31/07/2023

Registered in Merimen: 31/07/2023

Pre-assign / CCU / FTE

Insured Vehicle No. : GBB 5136A Claim No. :

Name of Insured : EPSILON PLASTICS PTE.LTD. Policy No. : SP2006260965-01

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/07/2023 21:15 Place of Accident : Yishun Ave 6, Singapore

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**

SHA 7781H → → →

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	
SHA 7781H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG10002797/Fq1p2 16/07/2010 SHA 7781H SJU 6879M 05/02/2010 16/07/2010 GEC
	CC3/AIG12017656/H1a2g2q2 13/06/2013 SHA 7781H SGG 8275B 08/09/2012 14/06/2013 CCL
	CC3/AXA11018890/H1q1dg 01/11/2011 SHA 7781H SBH 655U 13/09/2011 12/11/2011 CXC
	CC3/TMI18018237/K1tbs2 22/10/2018 SHA 7781H PZ 1301Z 06/10/2018 23/10/2018 CKN
	CC6/III16000016/Kug3q2 01/02/2016 SKK 9466S SHA 7781H 27/12/2015 02/02/2016 LSP
	CS/TSI15019998/H1tbc2 09/12/2015 SHA 7781H SKM 1188L 24/11/2015 21/12/2015 CCY
	CS3/ASM21002158/Gqf3e2 23/03/2021 SKB 795Z SHA 7781H 07/02/2021 26/03/2021 ISI1
	CS3/III11016093/Aqn 19/10/2011 SJC 1916S SHA 7781H 07/08/2011 25/10/2011 SSC
	NS/INC14023290/H1tbu2 12/01/2015 SHA 7781H FBB 4713R 14/12/2014 13/01/2015 CKI
GBB 5136A - 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:	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:	