15/5/2010

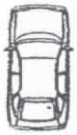
INS. CASE OWNER: JOANNE YONG | CC6/FCI20000966/Uea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 31/01/2020 Date / Time : 31/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8477M Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/08/2019 Place of Accident : YISHUN AVE 1

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**

FBD 2833E → → →

INSRS:
WSP: EROFIA
Tel : MOTOR
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBD 2833E - X SH 8477M - CC3/AXA12003064/H1edf1; DOA: 06.02.2012	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 :	☐ ☐
	M.V : $5,500.00 R.B : $3,089.00 N.V : $2,411.00	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~~: NETT.V	S$ 2,411.00 (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.06.21	Confirm with LEE LEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
~~Repair Cost~~: NETT.V	S$ 2,411.00		OI BEATS RED LIGHT AND HIT TP
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 280.00 ($ 20 x 14 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: TP
Legal Cost	S$ -		3) Survey fee: $380
Total:	S$ 2,691.00	**Global Sum S$:** 2,650.00	
FINAL PAYMENT	Date/Time: 07.06.21	Confirm with: LEE LEE	Email ☐ Call ☐

Payee 1:	S$ 2,650.00	Name 1:	EROFIA TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	