15/5/2010

INS. CASE OWNER: CC 4 / FCI20010037 / Drs3q2

LKK:

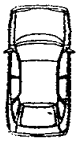
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 18/09/2020 Date / Time : 18/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2729H Claim No. :

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

Insured Tel No. : HP: Make / Model :

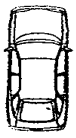
Excess Sec II :S$ D.O.A : 14/09/2020 Place of Accident :

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

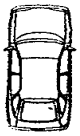
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

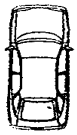
SHB 4097P → → →



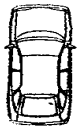
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 4097P : CC3/AXA12009258/H1edq2 ; DOA : 06/05/2012	**STAGE** **DATE / PIC**
	SHC 2729H : NS/INC18022186/K1vbn2 ; DOA : 08/12/2018	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 10,700.00 (9 days)	Reduction: 59 %	Email Call
FINAL SETTLEMENT	Date/Time: 22/7/2021	Confirm with MR YEE	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 11,449.00		
Loss of Rental (LOR):	S$ 1,106.60 (10 days)	x $110.66	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 500.00 ($ 50 x 10 days)		
LOR only LOU only LOR + LOU LOR + LO ✓	[**Tick only one**]		
GIA/LTA Search	S$		
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: 600.00
Total:	**S$** 13,135.60	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal
Payee 1:	S$ 13,135.60	Name 1:	Bifrost Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	