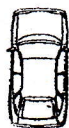


ASSIGNMENTSurveyor: **KSC**

DOI: _____

Date / Time : **13/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 7791D**Claim No. : **S1M030CZ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2420438**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : **09/01/2021 21:40**Place of Accident : **Sentosa Gateway, Vivo City, S
ingapore 098585**

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : **SNG KHIM HAM**

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

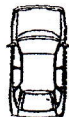
Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____

%

Final ? Yes / No

SDZ 9222H

INSRS:

WSP: **A T Auto
Consultant**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time		STAGE	DATE / PIC
	SDZ 9222H - X		
	SHA 7791D - CC3/AIG10024546/H1jr1k2 ; 29/11/2010	Non-Reporting ltr (1st):	
	CC3/AIG13022183/Yv1a3y ; 21/11/2013	Non-Reporting ltr (2nd):	
	NS/INC13006205/H1tn ; 01/04/2013	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:	☐ ☐
07/04/2021	REJECTION EMAIL TO TP ON 08/03/2021. TP CUT INTO OI LANE	Car Rental Invoice:	☐ ☐
	MR YEW TO CHOP + SIGN	Towing Invoice	☐ ☐
	*** AXA INSTRUCT REJECT ***	LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

Reject CaseBy (staff) : *Cecilia*Approved by : *Yew*Sent By : **08-04-21****PRELIMINARY ADVICE** Date/Time: _____

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	S\$ 660.00	(3 days) Reduction: 3861.00	% 85 Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Final Liability:	% 0	(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)	CHECK ITEM: 3097.80 / 69%
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: REJECT
Legal Cost	S\$		3) Survey fee: \$250.00
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:	