

ASSIGNMENTSurveyor: AdrianDOI: 19/01/2021Date / Time : 18/01/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 7679X

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 14/01/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SKG 276D**INSRS:
WSP: **TWINCAR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKG 276D : NA/CTI21000728/r3 ; DOA : 14/01/2021	STAGE DATE / PIC
	SHA 7679X : CC3/AIG13005254/M1sa3w2 ; DOA : 13/03/2013	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: <u>L/sum</u>	S\$ <u>4,500.00</u> (<u>3</u> days) Reduction: <u>49</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>26/11/2021</u> Confirm with <u>Hui Xin</u>	Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>4,574.25 (as per AXA mandate)</u>	
Loss of Rental (LOR):	S\$ <u>540.00</u> (<u>3</u> days) x \$180	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/ <u>Reject/Private Settle</u>
Legal Cost	S\$	2) Report Format: <u>TP</u>
		3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>5,114.25</u> Global Sum S\$: <u>5,110.00</u>	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>5,110.00</u> Name 1: <u>Twincar Automotive Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	