15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21000927/T1pa3

LKK:

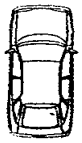
IDAC: 195252

ASSIGNMENT

Surveyor: TAUFIKH DOI: 19/01/2021 Date / Time : 19/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2847K Claim No. : S1M0306H

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2420438

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ

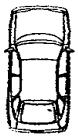
Excess Sec II :S$ D.O.A : 02/01/2021 21:05 Place of Accident : Rivervale St, Singapore

Is driver the owner? (YES / NO) Nature of Accident : 126A SENGKANG EAST AVE

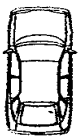
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

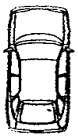
GBH 885Y → → →



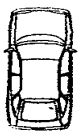
INSRS:
WSP: T K LEE
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBH 885Y - X	Non-Reporting ltr (1st):	
	SHA 2847K - CS3/FCI15004432/Gvbd1 ; 11/03/2015	Non-Reporting ltr (2nd):	
	NS/INC11025861/H1qtn ; 15/12/2011	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
17/05/2021	Pls refer to VIEWS for details.	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: L/sum S$ 2,600.00 (5 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/05/2021 Confirm with Sebastian Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,400.00 (as per AXA mandate)	
Loss of Rental (LOR):	S$ 600.00 (6 days) x $100.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45	
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: $350.00
Total:	**S$** 3,007.45 **Global Sum S$:** 3,000.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,000.00	Name 1:	T K LEE AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	