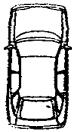


ASSIGNMENT

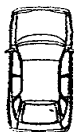
Surveyor: Adrian DOI: 20/01/2021 Date / Time : 22/01/2021
 Registered in Merimen: —

Pre-assign / CCU / FTE

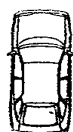
Insured Vehicle No. : SH 7042R Claim No. : _____
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 19/01/2021 Place of Accident : _____
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
 Driver Tel No. : _____ (V/L: ☒ YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SKK 6664G

INSRS:
WSP: MG SOLUTION
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		
	SKK 6664G : CS3/AIG16007038/M1qh3c2 ; DOA : 15/04/2016	STAGE DATE / PIC
	SH 7042R : CC3/LCR18000683/K1wa3q2 ; DOA : 09/01/2018	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/S	S\$ 5,500.00 (6 days) Reduction: \$8,240.97 % 60	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>29/06/2021</u> Confirm with <u>SU</u>	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,600.00 W/GST (AXA'S INSTRUCTION)	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 560.00 (\$ 80 x 7 days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [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\$ 6,167.45 Global Sum S\$: 6,350.00 (AXA'S INSTRUCTION)	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$6,350.00 Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	