15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21001692/Dga3

LKK:

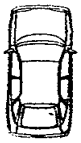
IDAC: 197279 - >202357

ASSIGNMENT

Surveyor: BRYAN DOI: 05/02/2021 Date / Time : 04/02/2021 - > 13/03/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1007A Claim No. : S1M031X6 - > S1M03584

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

Insured Tel No. : HP: Make / Model : Hyundai Ae ioniq

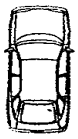
Excess Sec II :S$ D.O.A : 31/01/2021 07:55 Place of Accident : Tampines Street 23, Singapore

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

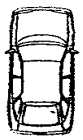
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

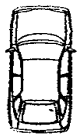
VCT 3242 → → →



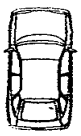
INSRS:
WSP: SG 98 Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	VCT3242 - X	
	SHA 1007A - CC3/AIG08031405/Caq1 ; 27/11/2008	
	CS/FCI10021731/Ufn ; 24/10/2010	
	CS/FCI14003700/T1gbu2 ; 06/02/2014	
15/02/2022	AXA INSTRUCT SUBMIT WP. ADMIN TO CLOSE.	

STAGE	**DATE / PIC**
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 2,200.00 (5 days) Reduction: 2,332.00 % 51 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	(OID TURNING INTO SMALL RD FROM MAIN RD, TP DRIVING STRAIGHT AT MAIN RD)
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP
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:	