

Surveyor:

Bryan

DOI:

ASSIGNMENT

05/03/2021

Date / Time :

05/03/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1717Z

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 22/02/2021

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

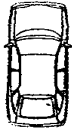
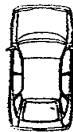
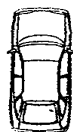
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO )

Insured Liability : % Final ? Yes / No

FBN 1073K

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                                                                                                                                                          |                                                                         |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | FBN 1073K : CS3/AIG20003156/Hsd3e2 ; DOA : 16/02/2020                   | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | SHC 1717Z : CS/FCI19021032/Aqf3n2 ; DOA : 25/11/2019                    | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                                         | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                                         | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                                         | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                                         | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                                         | Call OI:                                                                           |
|                                                                                                                                                                     |                                                                         | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                                         | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                                         | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                     |                                                                         | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                                         | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                     |                                                                         | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                                                                     |                                                                         | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                                                                     |                                                                         | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                                         | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                                                                     |                                                                         | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                                                                     |                                                                         | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                                                                     |                                                                         | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                                                                     |                                                                         | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                         | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                                                                     |                                                                         | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                                              | Sent By:                                                                           |
|                                                                                                                                                                     |                                                                         | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                                         | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                                              | Confirm with:                                                                      |
| Repair Cost: L/S                                                                                                                                                    | S\$ \$2,100.00 ( 4 days) Reduction: \$1,638.10 % 44                     | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: 12/11/2021                                                   | Confirm with: rose                                                                 |
|                                                                                                                                                                     |                                                                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % 80 (Agreed / Assessed) BOLA S/N No. : 9                               | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: \$2,100.00                                                                                                                                             | S\$ 1,680.00                                                            |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ ( days)                                                             | (AXA'S INSTRUCTION)                                                                |
| Loss of Use (LOU): \$100.00                                                                                                                                         | S\$ 80.00 (\$ 25 x 4 days)                                              |                                                                                    |
| Loss of Income (LOI):                                                                                                                                               | S\$ (\$ x days)                                                         | WORKSHOP NON ARC                                                                   |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                         |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$                                                                     |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                                     | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle  |
| Disbursement:                                                                                                                                                       | S\$ 50.00 (e.g. <input checked="" type="checkbox"/> Top / Independent ) | 2) Report Format: TP                                                               |
| Legal Cost                                                                                                                                                          | S\$                                                                     | 3) Survey fee: \$350.00                                                            |
| <b>Total:</b>                                                                                                                                                       | S\$ 1,810.00                                                            | <b>Global Sum S\$:</b> 1,800.00                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                              | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ 1,800.00                                                            | Name 1: SG 98 MOTOR PTE LTD                                                        |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                                                     | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                                                     | Name 3:                                                                            |