

ASSIGNMENT

CC4/ASM21003285/Apa3

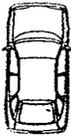
Surveyor: Adrian

DOI: 12/03/2021

Date / Time : 12/03/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3745P

Claim No. : S1M0355M

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : VFX/P2419138

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 11/03/2021

Place of Accident : _____

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

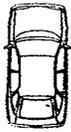
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

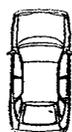
SJV 6577D → _____ → _____ → _____



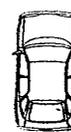
INSRS:
WSP: N-51
Tel : _____
Liability : _____
RMKS: _____



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



INSRS:
WSP: _____
Tel : _____
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INSRS:
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Liability : _____
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Date/ Time		STAGE	DATE / PIC
	SJV 6577D : NA/CTI21003254/u ; DOA : 11/03/2021	Non-Reporting ltr (1st):	
	SHA 3745P : CC4/III20008873/Upa3q2 ; DOA : 16/08/2020	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)	<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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: L/sum S\$ 3,200.00 (5 days) Reduction: 55 % Email Call

FINAL SETTLEMENT Date/Time: 29/08/2022 Confirm with Hui Xin Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 3,424.00
Loss of Rental (LOR): S\$ 500.00 (5 days) x\$100

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\$ 7.45

Medical: S\$ _____
Disbursement: S\$ 100.00 (e.g. Tow/Independent)
Legal Cost S\$ _____

Total: S\$ 4,031.45 **Global Sum S\$:** 3,600.00 (as per AXA mandate)
1) Claim status: Normal/~~Reject/Private Settle~~
2) Report Format: TP
3) Survey fee: \$350.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 3,600.00 Name 1: N-51 Automotive Pte Ltd

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____