15/5/2010

INS. CASE OWNER: CC4/ASM21004668/Ags3

LKK:

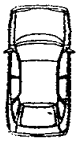
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 13/04/2021 Date / Time : 13/04/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7147Z Claim No. :

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

Insured Tel No. : HP: Make / Model :

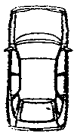
Excess Sec II :S$ D.O.A : 11/04/2021 Place of Accident :

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

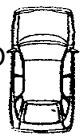
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

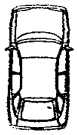
SLC 7824K → → →



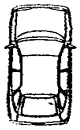
INSRS:
WSP: ADVANCE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLC 7824K : X ; SHD 7147Z : X	**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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 5800.00 (7 days)	Reduction: $4,690.60 % 45	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/09/2021	Confirm with XAVIER	Email ☑ Cal ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : 25	If NO or B 28, Ass. Lia :
Repair Cost: 5250.00	S$ 2,625.00	(AXA INSTRUCTION)	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 560.00	S$ 280.00 ($ 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$		
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: $350.00
Total:	**S$** 2,905.00	**Global Sum S$:** 3,200.00 (AXA INSTRUCTION)	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 3,200.00	Name 1:	ADVANCE AUTO GARAGE	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		