

ASSIGNMENTSurveyor: BryanDOI: 20/04/2021Date / Time : 20/04/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHB 4377G

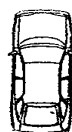
Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/04/2021Place of Accident : SCOTTS RDIs driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SMC 53C**INSRS:
WSP: **JWG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMC 53C : X	STAGE DATE / PIC
	SHB 4377G : CC4/AXA16019956/M1ub3q2 ; DOA : 18/10/2016	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	TPV: MERCEDES BENZ A45 (1991cc)	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\$ 13,200.00 (7 days) Reduction: \$65,014.96% 83	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/11/2021 Confirm with JWG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 12,679.50 W/GST (AXA'S INSTRUCTION)	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 700.00 (\$ 100 x 7 days)	OI CHARGED FOR CARELESS DRIVING
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	CAUSING HURT
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 36.45	
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ 100.00 (e.g. ☒ / Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$350.00
Total:	S\$ 13,515.95 Global Sum S\$: 13,500.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 13,500.00 Name 1: JWG INTERNATIONAL PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	