| | | | LKK: |
|---|---|---|---|
| INS. CASE OWNER: | **CC4/ASM21005501/Apa3** | | IDAC: **210476** |

**ASSIGNMENT**

Surveyor: **ADRIAN**   DOI: 06/07/2021   Date / Time : **05/05/2021**

Registered in Merimen: _____

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SHD 7227B**   Claim No. : **S1M038Y9**

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**   Policy No. : **P2419138**

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

**Excess Sec II :S$** _____   D.O.A : **25/04/2021** 12:40   Place of Accident : **Beach Rd, Singapore**
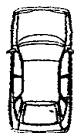
Is driver the owner? ( YES / NO )   Nature of Accident : _____

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**

**YM 9335K** ➞ _____ ➞ _____ _____ ➞ _____
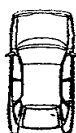
| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: **JEC AUTO** | WSP: | WSP: | WSP: |
| Tel : **SERVICE** | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | | STAGE | DATE / PIC |
|---|---|---|---|---|
| | YM 9335K -  X | | Non-Reporting ltr (1st): | |
| | SHD 7227B - CC4/FCI20009996/Ees3q2 ; 12.09.2020 | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| | | | Call OI: | |
| | *PRS SENT IN BY LAWYER | | After call ltr to OI: | |

| | | Documentation Check List: | Handler | Typist |
|---|---|---|---|---|
| 29/06/2022 | Called TP wksp, spoken to Ah Xian. He said that this case was handled by lawyer, | Notification ltr (if non-pickup) | ☐ | ☐ |
| | | After call ltr to OI: | ☐ | ☐ |
| | *Submit WP report to AXA | 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/sum**   S$ **2,700.00**   ( **4** days) Reduction: **64** %   Email ☐ Call ☐

| FINAL SETTLEMENT | Date/Time: | Confirm with | Email ☐ Call ☐ | |
|---|---|---|---|---|
| Final Liability: | % | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S$ | | | |
| Loss of Rental (LOR): | S$ ( days) | | | |
| 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~~ /WP | |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: TP | |
| Legal Cost | S$ | | 3) Survey fee: $150.00 | |
| **Total:** | **S$** | **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: | |