

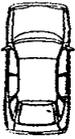
INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **MR. LIM**

DOI: 18/05/2021

Date / Time : 17/05/2021

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 8462L**Claim No. : **S1M03A4E**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2426680**

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

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

Excess Sec II : \$

D.O.A : **22/04/2021 17:00**Place of Accident : **522A Tampines Central 7, Singapore 528597**

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

If NO, Driver Name / Age :

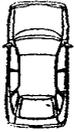
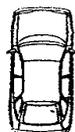
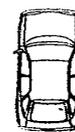
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

Final ? Yes / No

**SJP 6514S**INSRS:  
WSP: **TEAM AUTOPRO**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SJP 6514S - NA/INC20004552/r3 ; 20.03.2020</b>		
	<b>SHC 8462L - CC3/AIG14009160/Sv1y3q2 ; 15/05/2014</b>	Non-Reporting ltr (1st):	
	<b>CC4/III16018184/Kpb3q2 ; 21/09/2016</b>	Non-Reporting ltr (2nd):	
	<b>CC6/III15012851/Rpa3q2-1 ; 26/07/2015</b>	Non-Reporting ltr (Final):	
	<b>CC6/III15012851/Rza3n2 ; 26/07/2015</b>	Notification ltr (if non-pickup):	
	<b>CS/III14015982/M1tbk3 ; 20/08/2014</b>	Call OI:	
	<b>CS/LIP09028124/Cpg1 ; 12/12/2009</b>	After call ltr to OI:	
	<b>CS/MSG19005100/Dqd3e2 ; 19/03/2019</b>	<b>Documentation Check List: Handler Typist</b>	
	<b>NS/INC16007570/H1qh3e2 ; 23/04/2016</b>	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/S	\$S \$1,700.00 ( 3 days) Reduction: \$3,965.20 % 70	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 18/10/2021 Confirm with ADEL	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,712.00 W/GST AXA'S INSTRUCTION		
Loss of Rental (LOR):	\$S 214.00 ( 2 days) x \$107.00 W/GST	OI REVERSED HIT TPV	
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	\$S 36.45		
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	
<b>Total:</b>	\$S 1,962.45	<b>Global Sum \$S: 2,000.00 (AXA'S INSTRUCTION)</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S 2,000.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	