15/5/2010

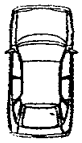
INS. CASE OWNER: KC | CC4/ASM21005986/Gpa3 | LKK: IDAC: 212630

## ASSIGNMENT

Surveyor: XGQ DOI: 19/05/2021 Date / Time : 19/05/2021

Registered in Merimen: ——

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHB 6270S Claim No. : S1M03A99

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2426680

Insured Tel No. : HP: Make / Model :

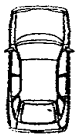
**Excess Sec II :S$** D.O.A : 17/05/2021 14:00 Place of Accident : Upper Bukit Timah Rd, Singapore

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

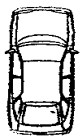
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

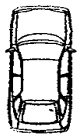
SJR 3225K → → →



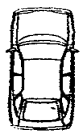
INSRS:
WSP: Detail Lab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SJR 3225K - X | Non-Reporting ltr (1st): | |
| | SHB 6270S - CC3/AIG10015013/Fn1f2k2 ; 28/07/2010 | Non-Reporting ltr (2nd): | |
| | CC3/AIG12006948/H1b1a3q2 ; 04/04/2012 | Non-Reporting ltr (Final): | |
| | CC3/AIG12022059/H1g2t2q2 ; 09/11/2012 | Notification ltr (if non-pickup): | |
| | CC3/AXA11021956/H1q1dq2 ; 24/10/2011 | Call OI: | |
| | CC3/EQI16014332/H1ua3s2 ; 29/07/2016 | After call ltr to OI: | |
| | | **Documentation Check List:** | **Handler** / **Typist** |
| | | Notification ltr (if non-pickup) | ☐ ☐ |
| 24/12/2021 | Pls refer to VIEWS for details. | 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/sum | S$ 5,800.00 ( 5 days) Reduction: 74 % | | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time:24/12/2021 | Confirm with Benedict | Email ☑ Call ☐ |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 5,800.00 | | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ 480.00 ($ 80 x 6 days) | | |
| Loss of Income (LOI): | S$ ($ x days) | | |
| LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**] | | | |
| GIA/LTA Search | S$ 7.45 | | |
| 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: $350.00 |
| **Total:** | **S$** 6,287.45 | **Global Sum S$:** 6,100.00 (as per AXA mandate) | |
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☑ Call ☐ |
| Payee 1: | S$6,100.00 | Name 1: DETAIL LAB | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |