15/5/2010

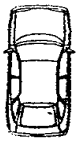
INS. CASE OWNER: ~~CC4/ASM21006599/Abs3~~ | LKK: | IDAC:

ASSIGNMENT CC4/ASM21006599/Apa3

Surveyor: Adrian DOI: 14/06/2021 Date / Time : 10/06/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8611Z Claim No. : S1M03BL1

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

Insured Tel No. : HP: Make / Model :

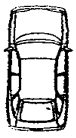
Excess Sec II :S$ D.O.A : 09/06/2021 Place of Accident :

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

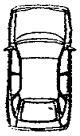
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

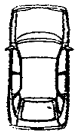
SH 2807J → → → →



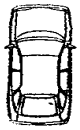
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 2807J : CC6/III19018780/Aps3q2 ; DOA : 18/10/2019
	SHC 8611Z : CC3/AIG14013226/H1za3q2 ; DOA : 10/07/2014

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 5,300.00 (8 days) Reduction: 57 % Email Call

FINAL SETTLEMENT Date/Time: 31/03/2022 Confirm with Jing Yee Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,300.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($ 50 x 8 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only LOU only LOR + LOU LOR + LO	[**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:
Legal Cost	S$	3) Survey fee:
Total:	**S$** 5,707.45 **Global Sum S$:** 5,450.00 (as per AXA mandate)	

FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1:	S$ 5,450.00	Name 1:	Hua Meng Spray Painting Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	