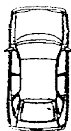


ASSIGNMENT

Surveyor: LWP DOI: 23/06/2021 Date / Time : 23/06/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4468H
Name of Insured : COMFORT TRANSPORTATION PTE LTD
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 22/06/2021
Is driver the owner? (YES / NO) Nature of Accident : _____

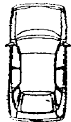
Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : Sims Ave

If NO, Driver Name / Age :

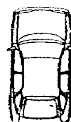
Driver Tel No. :

(V/L: YES / NO)

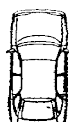
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**SNA 8383X →

INSRS:
WSP: **STK AUTO**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	CLAIMANT - LOH KAI YEONG	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	TPV: T.CAMRY - 2494cc	Documentation Check List:	Handler
		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: <u>L/S</u>	S\$ \$4,100.00 (<u>6</u> days) Reduction: \$6,314.77 % 61	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>07/04/2022</u> Confirm with <u>GUO HUA</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,173.00 W/GST (AXA'S INSTRUCTION)		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 600.00 (\$ <u>100</u> x <u>6</u> 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\$ 4,780.45 Global Sum S\$: 4,780.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 4,780.00 Name 1: STK AUTO (S) PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		