

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 29/06/2021

Date / Time : 28/06/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 1582U**Claim No. : **S1M03CK6**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **26/06/2021**

Place of Accident : _____

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

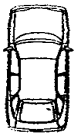
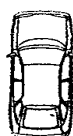
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SMN 7152X**INSRS:
WSP: **MG SOLUTION**
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
	SMN 7152X - NA/INC21001781/h4 ; 05.02.2021	Non-Reporting ltr (1st):	
	SHC 1582U - CC4/III15013623/K1ya3n2 ; 07/08/2015	Non-Reporting ltr (2nd):	
	CS/III12009087/Kfk3 ; 30/04/2012	Non-Reporting ltr (Final):	
	CS/TMI21005475/T1tf3e2 ; 03/05/2021	Notification ltr (if non-pickup):	
	CS3/III15009853/Fbk3 ; 13/06/2015	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: L/S	S\$ \$3,300.00 (6 days) Reduction: \$4,078.96 % 55	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/09/2021 Confirm with SU	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,350.00 W/GST (AXA'S INSTRUCTION)		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 50 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\$ 3,657.45	Global Sum S\$: 3,850.00 (AXA INSTRUCTION)	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,850.00	Name 1: MG SOLUTION PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	