15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21007426/Bpa3 (Bpas)

LKK: IDAC: 219004

ASSIGNMENT

Surveyor: MR LIM DOI: 09/07/2021 Date / Time : 07/07/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7644D Claim No. : S1M03CR4

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

Insured Tel No. : HP: Make / Model : Toyota Prius

Excess Sec II :S$ D.O.A : 27/06/2021 17:30 Place of Accident : Jurong West Ave 5, Singapore

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

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

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

GBG 8748M → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: BIFROST AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability PTE LTD	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	GBG 8748M - X SH 7644D - CC3/AIG10018978/Dn1k2q2 ; 21/09/2010 CC3/AXA13012496/M1em3w2 ; 07/07/2013 CC4/ASM18012950/K1ha3q2 ; 16/07/2018 CS3/III15001689/T1bd1 ; 26/1/2015 NS/INC13022714/H1cbc3 ; 30/11/2013	**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:
18/11/2021 -	AXA maintain rejection as TP Changed lane.	**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:
19/11/2021 -	Email to TP: Maintain Rejection	
	Reject Case By (staff) : Hsiao Tong Approved by : Date : 22/11/21	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 2,650.00 (4 days) Reduction: 60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
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: # 250.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	