

INS. CASE OWNER:

ASSIGNMENTSurveyor: LIMDOI: 14/07/2021Date / Time : 12/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SH 6161LClaim No. : S1M03AUDName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2419138

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 24/05/2021 14:50Place of Accident : Quality Rd, Singapore

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

If NO, Driver Name / Age : CHEW SOON KUI

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SJY 4619PINSRS:
WSP: BIFROST
Tel : AUTO
Liability : PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJY 4619P - X		
	SH 6161L - CC3/AIG09021331/Dn1jk2 ; 21/09/2009	Non-Reporting ltr (1st):	
	CC3/AIG15002729/H1za3q2 ; 10/02/2015	Non-Reporting ltr (2nd):	
	CC3/QBE15008908/H1za3n2 ; 26/05/2015	Non-Reporting ltr (Final):	
	CC6/III18012320/Afb3q2 ; 20/06/2018	Notification ltr (if non-pickup):	
	CS/III11019765/Nfm ; 12/09/2011	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: <u>L/sum</u>	S\$ <u>8,000.00</u> (<u>9</u> days) Reduction: <u>59</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>10/05/2022</u> Confirm with <u>NUR'IKHWAN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>8,560.00</u>		
Loss of Rental (LOR):	S\$ <u>1,000.00</u> (<u>10</u> days) <u>x\$100</u>		
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\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>9,567.45</u> Global Sum S\$: 8,800.00 (as per AXA mandate)		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>8,800.00</u> Name 1: <u>BIFROST AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		