

ASSIGNMENTSurveyor: LIM

DOI: _____

Date / Time : 19/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SH 8269YClaim No. : S1M03DFQName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2419138

Insured Tel No. : _____ HP: _____

Make / Model : Hyundai Ae ioniqExcess Sec II : \$ _____ D.O.A : 09/07/2021 16:10Place of Accident : PIE TOWARDS CHANGI

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

If NO, Driver Name / Age : SHIM BEE CHIN

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

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

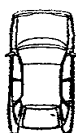
Insured Liability : % **Final ? Yes / No**SH 8269YSJU 525ZSML 9123C

INSRS:

WSP:

Tel :

Liability :

RMKS: **OI**

INSRS:

WSP:

Tel :

Liability :

RMKS: **TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SJU 525Z - X		
	SH 8269Y - CC3/AXA11025081/H1ec3q2; 03/12/2011	Non-Reporting ltr (1st):	
	CC4/FCI20008701/Kra3; 14/08/2020	Non-Reporting ltr (2nd):	
	CC4/LPC17009480/H1hb3n2; 13/05/2017	Non-Reporting ltr (Final):	
	CS/FCI14004876/Gvm3k3 ; 08/10/2013	Notification ltr (if non-pickup):	
	CS/QW13020378/Yvm3k3; 08/10/2013	Call OI:	
	CS3/FCI15022175/R1qh3c2-1; 24/12/2015	After call ltr to OI:	
	CS3/FCI15022175/T1qh3c2; 24/12/2015	Documentation Check List:	
	NA/UOI15022056/h4; 24/12/2015	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/sum	S\$ 8,200.00 (12 days) Reduction: 53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/04/2022 Confirm with: Nur'Ikhwan	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost: w/GST	S\$ 7,750.00 (as per AXA mandate)		
Loss of Rental (LOR):	S\$ 1,400.00 (14 days) x\$100		
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\$ 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\$ 9,157.45 Global Sum S\$: 9,150.00 (as per AXA mandate)		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 9,150.00 Name 1: BIFROST AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		