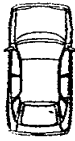


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **30/07/2021**Date / Time : **29/07/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SH 9477G**Claim No. : **S1M03EKQ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2426680**

Insured Tel No. : _____ HP: _____

Make / Model : _____

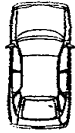
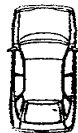
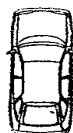
Excess Sec II :S\$ _____ D.O.A : **28/07/2021 20:50**Place of Accident : **Bukit Timah Rd,TWDS BEAUTY WORLD**

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****SJZ 6499A**INSRS:
WSP: **CN Motors**
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
	SJZ 6499A - CC3/AIG11007383/R1ja3k2 ; 10.04.2011	Non-Reporting ltr (1st):	
	SH 9477G - CC3/AIG10002162/Fjn ; 29/01/2010	Non-Reporting ltr (2nd):	
	CS/FC16009542/M1gh3d1; 22/05/2016	Non-Reporting ltr (Final):	
	CS/FC16024205/T1vbm2; 15/12/2016	Notification ltr (if non-pickup):	
	SS/TP08005792/Vvn; 09/12/2007	Call OI:	
		After call ltr to OI:	
28/10/2021	Pls refer to VIEWS for details.	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/sum	S\$ 6,200.00 (6 days) Reduction: 60 %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 28/10/2021 Confirm with Sukyi	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,634.00		
Loss of Rental (LOR):	S\$ 500.00 (5 days) x \$100.00		
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\$ 7,141.45 Global Sum S\$: 6,800.00 (As per AXA Mandate)		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 6,800.00 Name 1: CN Motors Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		