

ASSIGNMENT

CC4/ASM21008188/Kra3

Surveyor:

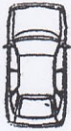
KENNETH

DOI: 11/08/2021

Date / Time : 03/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8170D

Claim No. : P2419138

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : S1M03ERO

Insured Tel No. : _____ HP: _____

Make / Model : Hyundai I40

Excess Sec II :S\$

D.O.A : 31/07/2021 16:50

Place of Accident : Geylang Rd, Singapore

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : HO ZI WEI

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____

%

Final ? Yes / No

SMJ 4051U

INSRS:
WSP: A T Auto
Tel : Consultant
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMJ 4051U - X

SHC 8170D - NS/INC15018013/Gtbd1 ; 21.10.2015

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:

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:

13/12/2021

PLEASE REFER TO VIEW FOR MORE DETAILS

*SUBMIT REJECT AS PER AXA INSTRUCTIONS

Reject Case

By (staff) : Justin
Approved by : Jw
Date : 16/12/21

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM S\$ 1,000.00 (2 days) Reduction: 73 %

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 350.00

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: