INS. CASE OWNER: TEO Kitty | ~~CC4/ASM21008188/Kra3~~ | IDAC: 222605

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 Consultant
Tel :
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
13/12/2021	PLEASE REFER TO VIEW FOR MORE DETAILS
	*SUBMIT REJECT AS PER AXA INSTRUCTIONS

Reject Case
By (staff) : Justin
Approved by : Yin
Date : 16/12/21

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:		

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$		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$**	**Global Sum S$:**	
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:	