15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21008798/T1ra3

LKK:

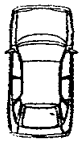
IDAC: 225151

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/08/2021 Date / Time : 23/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9244L Claim No. : S1M03FYV

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2419138

Insured Tel No. : HP: Make / Model : Hyundai I40

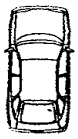
Excess Sec II :S$ D.O.A : 17/08/2021 18:10 Place of Accident : NEAR NORTH BUONA VISTA EXIT

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

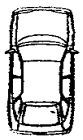
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

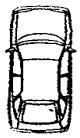
JTY 2878 → → →



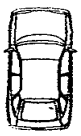
INSRS:
WSP: KIM KOCK MOTOR PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	JTY 2878 - X SH 9244L - CC3/EQI19003079/K1pa3q2 ; 15/02/2019 CC4/ASM21008798/T1ra3 ; 17/08/2021 CS/III14010118/Stbk3 ; 27/05/2014	**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: P/P S$ 3,929.00 (5 days) Reduction: 19 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/10/2021 Confirm with MR GAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,929.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 100.00 ($20 x 5 days)	
Loss of Income (LOI):	S$ ($ 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$** 4,029.00	**Global Sum S$:** 3,950.00 (APPROVE BY AXA)

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,950.00	Name 1:	Kim Kock Motor Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	