15/5/2010

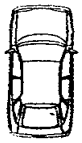
INS. CASE OWNER: KOH Janice | CC4/ASM21011908/Vpa3 | LKK: IDAC: 238347

ASSIGNMENT

Surveyor: Thevan DOI: 24/11/2021 Date / Time : 23/11/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4989E Claim No. : S1M03MKU

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

Insured Tel No. : HP: Make / Model : Hyundai Ae ioniq

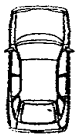
Excess Sec II :S$ D.O.A : 19/11/2021 16:10 Place of Accident : 40 Woodlands Street 41, Singapore 73854

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

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

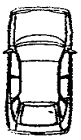
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMC 1755D → → →

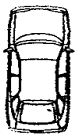


INSRS:
WSP:
Tel :
Liability :
RMKS:

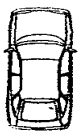
Zoom Autowerks Pte Ltd



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMC 1755D - CC4/ASM18020136/Ueb3q2 ; 02/11/2018	**STAGE** **DATE / PIC**
	CS3/III20014626/Qqd3e2; 25/12/2020	Non-Reporting ltr (1st):
	CS3/III20014626/Qqf3e2-1; 25/12/2020	Non-Reporting ltr (2nd):
	SHD 4989E - X	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	*TP pass lawyer	**Documentation Check List: Handler Typist**
	*Submit WP report to AXA	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$ 2,800.00 (4 days) Reduction: 71 %		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~~ /WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	