15/5/2010

INS. CASE OWNER: TEO Kitty | CC4/ASM21012233/Ara3 | LKK: IDAC: 239448

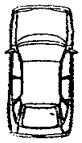
ASSIGNMENT

Surveyor: ADRIAN DOI: 01/12/2021 Date / Time : 02/12/2021

*** LKK SURVEY BEFORE AXA GV ASSIGNMENT.

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3606S Claim No. : S1M03N8X

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

Insured Tel No. : HP: Make / Model : Toyota Prius

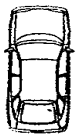
Excess Sec II :S$ D.O.A : 29/11/2021 08:30 Place of Accident : JURONG BEFORE CLEMENTI ROAD

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

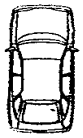
If **NO**, Driver Name / Age : CHONG KUM SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHD 3606S → GBH 7998J → SMN 5211Y → SKU 6913K

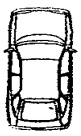


INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBH 7998J - X	**STAGE** **DATE / PIC**
	SHD 3606S - CC3/AIG09018717/Cju1j; 21/08/2009	Non-Reporting ltr (1st):
	CC3/AIG14016826/H1ry3q2; 01/09/2014	Non-Reporting ltr (2nd):
	CC3/AIG18011807/K1ha3q2; 27/06/2018	Non-Reporting ltr (Final):
	CC4/ASM18007625/K1hb3q2; 23/04/2018	Notification ltr (if non-pickup):
	CC4/FCI20002768/Uea3q2; 12/02/2020	Call OI:
	CD3/AIG09018717/M XX; 21/08/2009	After call ltr to OI:
	CS/FCI17000653/Kgh3n2; 06/01/2017	**Documentation Check List: Handler Typist**
	CS3/FCI15015118/qbXX; 31/08/2015	Notification ltr (if non-pickup)
	NS/INC10004370/Fn; 02/03/2010	After call ltr to OI:
		Authorisation To Act:
		Release Voucher:
		Final Repair Bill:
		Car Rental Invoice:
		Towing Invoice
		LTA / GIA :
		Medical Bill:
	AXA RECEIVE TP LAWYER LETTER. INSTRUCT TO SUBMIT WP. ADMIN TO CLOSE	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/S	S$ 32,500.00 (24 days) Reduction: 27,135.72 % 46		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)		NO LIABILITY YET
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: WP
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:	