

Surveyor:

Adrian

DOI:

## ASSIGNMENT

30/12/2021

Date / Time :

30/12/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2905R

Claim No. : S1M03PE4

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : VFX/P2419138

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 26/12/2021

Place of Accident : Tanjong Katong Rd

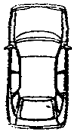
Is driver the owner? ( YES / ☒ NO ) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO )

Insured Liability : % Final ? Yes / No

## SLM 364P

INSRS:  
WSP: MG SOLUTION  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     |                                                                                      |                                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                | SLM 364P : X                                                                         | STAGE                                                                              |
|                                                                                | SHC 2905R : CC4/FCI20006687/Dra3q2 : DOA : 19/10/2021                                | 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) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                      | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                      | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                      | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                |                                                                                      | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                |                                                                                      | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                |                                                                                      | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                |                                                                                      | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                |                                                                                      | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                |                                                                                      | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                |                                                                                      | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                |                                                                                      | Payment Breakdown Form: <input type="checkbox"/>                                   |
| PRELIMINARY ADVICE                                                             | Date/Time:                                                                           | Sent By:                                                                           |
|                                                                                |                                                                                      | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| FINALIZATION                                                                   | Date/Time:                                                                           | Confirm with:                                                                      |
| Repair Cost: LS                                                                | S\$ 3900.00 ( 4 days) Reduction: 8295.23 % 68                                        | Confirm by:                                                                        |
|                                                                                |                                                                                      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| FINAL SETTLEMENT                                                               | Date/Time: 28/06/2022                                                                | Confirm with SU                                                                    |
|                                                                                |                                                                                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. : 15                                          | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                   | S\$ 4,173.00 W/GST                                                                   |                                                                                    |
| Loss of Rental (LOR):                                                          | S\$ ( days)                                                                          |                                                                                    |
| Loss of Use (LOU):                                                             | S\$ 480.00 (\$ 80 x 6 days)                                                          |                                                                                    |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                                                                      |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                                    |
| GIA/LTA Search                                                                 | S\$ 7.45                                                                             |                                                                                    |
| Medical:                                                                       | S\$                                                                                  | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle  |
| Disbursement:                                                                  | S\$ (e.g. Tow/ Independent )                                                         | 2) Report Format: TP                                                               |
| Legal Cost                                                                     | S\$                                                                                  | 3) Survey fee: \$350.00                                                            |
| Total:                                                                         | S\$ 4,660.45                                                                         | Global Sum S\$: 4,350.00 (AXA'S INSTRUCTION)                                       |
| FINAL PAYMENT                                                                  | Date/Time:                                                                           | Confirm with:                                                                      |
|                                                                                |                                                                                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | S\$ 4,350.00                                                                         | Name 1: MG SOLUTION PTE LTD                                                        |
| Payee 2: (Strike if N.A.)                                                      | S\$                                                                                  | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                      | S\$                                                                                  | Name 3:                                                                            |