15/5/2010

INS. CASE OWNER: CC4/ASM22000890/Aga3

LKK:

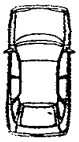
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 24/01/2022 Date / Time : 25/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8411J Claim No. : S2M03RQF

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

Insured Tel No. : HP: Make / Model :

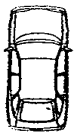
Excess Sec II :S$ D.O.A : 21/01/2022 Place of Accident : Chulia St

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

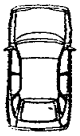
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

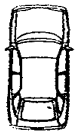
SLF 1244H → → →



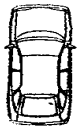
INSRS:
WSP: POLYMATH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLF 1244H : X
	SHC 8411J : CC4/III16022939/Upg3q2 ; DOA : 23/10/2016
15/08/2022	AXA INSTRUCTS WP. ADMIN TO CLOSE
	TPV: H.ACCORD - 1997cc

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/S S$ $3,350.00 (5 days) Reduction: $4,613.36 % 58 Email Call

FINAL SETTLEMENT Date/Time: Confirm with SEBASTIAN Email Cal

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	TP CHANGING LANE IN YELLOW BOX TO MAKE A LEFT TURN, OI MOVING OFF FROM STATIONERY POSITION.
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only LOU only LOR + LOU LOR + LO [**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 ✓ Cal

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	