

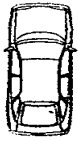
ASSIGNMENT

Surveyor: ADRIAN DOI: 18/08/2022 Date / Time : 31.08.2022

***** LKK SURVEY BEFORE AXA GV ASSIGN**

Registered in Merimen: _____

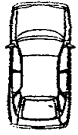
Pre-assign / CCU / FTE



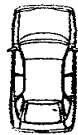
Insured Vehicle No. : SHA 7848A Claim No. : S2M048L0
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 01/08/2022 15:30 Place of Accident : HOUGANG AVENUE 1 SINGAPORE
 Is driver the owner? (YES / 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**

SJA 7462E



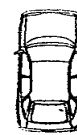
INSRS: **PEOPLE'S VEHICLE RECOVERY SERVICE**
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	Reference Entry	Date	Customer Name	Vehicle No.	TP Vehicle No.	Ass. No.	Accident Date	Close Date	Created By
	SJA 7462E	26/01/2017	CC4/AXA16019169/Aua3q2	SJA 7462E SHC 5825T	06/10/2016	26/01/2017	26/01/2017	HMK	
	SHA 7848A	06/10/2016	LIM SIAH CHEW	SJA 7462E SHC 5825T	06/10/2016	13/10/2016	13/10/2016	RBW	
	NS/INC09024265/Cn	17/11/2009	SHA 7848A FP 3610P	27/10/2009	18/11/2009	01/06/2010	01/06/2010	HYN	
	NS/INC10008749/Fn	25/05/2010	SHA 7848A FBB 1158M	04/05/2010	01/06/2010	01/06/2010	01/06/2010	HYN	
	NS/INC11014594/H1vn	05/08/2011	SHA 7848A SFE 1414K	22/07/2011	08/08/2011	08/08/2011	08/08/2011	CMJ	
	NS/INC16003079/H1vbn2	02/03/2016	SHA 7848A SGR 1963L	15/02/2016	09/03/2016	09/03/2016	09/03/2016	CKI	

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"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
Email:	<input type="checkbox"/>	Call: <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>
LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: