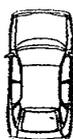|			LKK:	
INS. CASE OWNER:	OH Vale	CC4/ASM22008675/Upa3	IDAC:	280813

ASSIGNMENT

Surveyor: **MARCUS** DOI: _____ Date / Time : **05.09.2022**
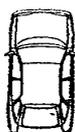
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3863X** Claim No. : **S2M049PK**

Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **25/08/2022 07:40** Place of Accident : **Depot Rd, Singapore**

Is driver the owner? (YES / NO) Nature of Accident : _____ **TOWARDS ALEXANDRA ROAD**

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

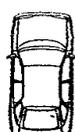Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**
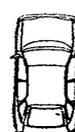
GBF 844B ⟶ ⟶ ⟶
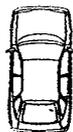
INSRS: **Jementah Motor Works** WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE Created By	DATE / PIC
GBF 844B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/TMI18016701/z4 12/09/2018 TOH KAI PENG (DU KAIPING) SJZ 2811H GBF 844B 11/09/2018 19/09/2018 HZT		Non-Reporting ltr (1st):	
SHC 3863X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/III20008333/ps3XX 12/08/2020 SJN 1336H SHC 3863X 11/08/2020 16/09/2020 LSM CS/III09012450/Yfr1 01/07/2009 SHC 3863X SH 9635S 03/06/2009 26/06/2009 YYF NS/INC13010674/H1gu2 25/06/2013 SHC 3863X SGM 9199A 12/06/2013 27/06/2013 LAP		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/SUM** S$ **3,600.00** (**4** days) Reduction: **61** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **17/11/2022** Confirm with: **Zhen Yang** Email ✓ Call ☐

Final Liability:	% **90** (Agreed / Assessed) BOLA S/N No. : **15**	If NO or B 28, Ass. Lia :	
Repair Cost: **3,600.00**	S$ **3,240.00**		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU) **400.00**	S$ **360.00** ($ **100** x **4** days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ **7.45**		
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~	
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost	S$	3) Survey fee: **$350.00**	

Total: S$ **3,607.45** **Global Sum S$:** **3,900.00 (as per AXA mandate)**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ **3,900.00**	Name 1:	**JEMENTAH MOTOR WORKS**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	