15/5/2010

INS. CASE OWNER: LOW Garnet | CC4/ASM22009177/Upa3 | LKK: IDAC: 283004

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 16.09.2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3522A Claim No. : S2M04B04

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

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/09/2022 18:05 Place of Accident : 3 Bedok S Rd, Singapore 469269

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

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

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

FBN 9168T → → →

INSRS: EROFIA MOTOR TRADING PTE LTD
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
FBN 9168T - X		Non-Reporting ltr (1st):	
SHD 3522A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG15018412/H1jv3q2 26/02/2016 SHD 3522A SKU 2698H 28/10/2015 01/03/2016 NLVF		Non-Reporting ltr (Final):	
NS/INC15006855/H1qy3k3 05/05/2015 SHD 3522A SJK 2088H 21/04/2015 07/05/2015 KYS		Notification ltr (if non-pickup):	
		Call OI:	
	*Rejected 3rd party claim as per AXA instruction	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$ 3,100.00 (4 days) Reduction: 65 %		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)		
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~~ /WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
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:	