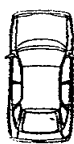


ASSIGNMENTSurveyor: **XING GUO QIANG**DOI: **06/10/2022**Date / Time : **14/10/2022***** LKK SURVEY BEFORE AXA
GV ASSIGNMENT ***

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 6221P**Claim No. : **S2M04C9D**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : **Toyota Prius**

Excess Sec II :\$

D.O.A : **04/10/2022 10:05**Place of Accident : **BEFORE NORMANTON ROAD EXIT**

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

If NO, Driver Name / Age : **CHIA SOK HWA**

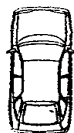
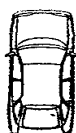
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SND 6005KINSRS:
WSP: **TEAMWORK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SND 6005K - X			
SHA 6221P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Non-Reporting By (1st):	
CS/ASM22009880/Gqy3 06/10/2022 SND 6005K SHA 6221P 04/10/2022 RAP		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos:	☐
		Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/SUM S\$ 2,300.00 (4 days) Reduction: 68 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 25/05/2023 Confirm with KEITH	Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0		
Repair Cost: 7%GST S\$ 2,461.00			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ 250.00 (\$ 50 x 5 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\$ 2,718.45	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1: S\$ 2,718.45	Name 1:	Teamwork Garage Pte Ltd	
Payee 2: (Strike if N.A.) S\$ _____	Name 2:		
Payee 3: (Strike if N.A.) S\$ _____	Name 3:		