

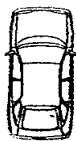
ASSIGNMENT

Surveyor:

DOI:

Date / Time : 20/10/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2644D

Claim No. : S2M04D7S

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. : HP: _____

Make / Model : Hyundai I40

Excess Sec II : \$ D.O.A : 19/10/2022 12:20

Place of Accident : Near 9X3J+HM Singapore

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

T3 ARRIVALDRIVE

If NO, Driver Name / Age : CHUA THIAM POH

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

Driver Tel No. :

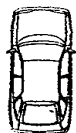
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

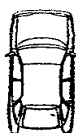
SHB 5276H

INSRS:
WSP: STRIDES

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. Accident Date Close Date	Created By	DATE / PIC
SHB 5276H	CS/LAW10008819/Kqg1 25/06/2010 GW 322S SHB 5276H 06/05/2008 28/06/2010 SSC	Non-Reporting ltr (1st):	
	CS/LPC07002569/IKv 01/12/2007 SHB 5276H SGD 6760X 30/06/2007 28/11/2007 CYY	Non-Reporting ltr (2nd):	
	CS/TIT08025118/Zw 16/09/2008 SHB 5276H 06/09/2008 19/09/2008 TMC	Non-Reporting ltr (Final):	
SHA 2644D	CC3/AIG10000253/Fwjh 07/04/2010 SHA 2644D SGP 377X 04/01/2010 13/04/2010 TMC	After call ltr to OI:	
	CC3/AIG14022055/H1hy3u2 17/12/2014 SHA 2644D SJM 4220T 23/11/2014 19/12/2014 KYS	Call OI:	
	CC4/III16019717/Geb3g2 02/08/2017 SLF 3018G SHA 2644D 14/10/2016 08/08/2017 LPT	After call ltr to OI:	
	CS/MSG19000542/Dqd3e2 19/02/2019 SHA 2644D SLT 8131E 01/01/2019 19/02/2019 WVT	Documentation Check List:	
	NA/INC09011824/s1 28/05/2009 ONG KIM TIN SFM 9885P SHA 2644D 28/05/2009 01/06/2009 SLP	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\$ 700.00	(2 days) Reduction: 88 %	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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
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:	

*AXA HANDLED DIRECTLY
*SUBMIT WP TO AXA

1) Claim status: Normal/Reject/Dispute/Settle /WP
2) Report Format: TP
3) Survey fee: \$250.00