

ASSIGNMENTSurveyor: AdrianDOI: 29/09/2020Date / Time : 28/09/2020Registered in Merimen: 28/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 4482A

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/09/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SMJ 2404Z** → → → → →INSRS:
WSP: **N-51**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
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Date/ Time																																																																							
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PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____																																																																						
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____																																																																					
Repair Cost: <u>L/S</u>	S\$ <u>\$4,500.00</u> (<u>5</u> days) Reduction: <u>\$6,925.28</u> % <u>61</u>	Email ☐ Call ☐																																																																					
FINAL SETTLEMENT	Date/Time: <u>20/08/2021</u> Confirm with <u>MELODY</u>	Email ☒ Call ☐																																																																					
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>11</u>	If NO or B 28, Ass. Lia : _____																																																																					
Repair Cost:	S\$ <u>4,815.00</u> <u>W/GST</u>																																																																						
Loss of Rental (LOR):	S\$ _____ (_____ days)																																																																						
Loss of Use (LOU):	S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)																																																																						
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)																																																																						
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]																																																																						
GIA/LTA Search	S\$ <u>7.45</u>																																																																						
Medical:	S\$ _____	1) Claim status: <u>Normal</u> / Reject / Private Settle																																																																					
Disbursement:	S\$ <u>100.00</u> (e.g. <u>Tow</u> / Independent)	2) Report Format: <u>TP</u>																																																																					
Legal Cost	S\$ _____	3) Survey fee: <u>\$500.00</u>																																																																					
Total:	S\$ <u>5,402.45</u> Global Sum S\$: 5,400.00																																																																						
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐																																																																					
Payee 1:	S\$ <u>5,400.00</u> Name 1: <u>N-51 AUTOMOTIVE PTE LTD</u>																																																																						
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____																																																																						
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																																																						