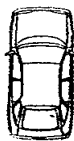


ASSIGNMENTSurveyor: MTHDOI: 03/05/2021Date / Time : 30/04/2021Registered in Merimen: 30/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKP 7280Y

Claim No. : _____

Name of Insured : CHIN YEE FATT

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

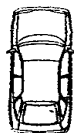
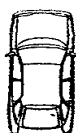
Excess Sec II :\$ _____ D.O.A : 29/04/2021 18:42Place of Accident : TRAFFIC LIGHT JUNCTION OF LOWER DELTA RD AND JALAN BT TIMAH (TOWARDS KEPPEL)

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

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**SHA 7772JINSRS: **CDGE LOYANG**
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 7772J - CC3/III17016625/Khb3q2 ; 24/08/2017	Non-Reporting ltr (1st):	
	NA/INC10010755/c2 ; 02/06/2010	Non-Reporting ltr (2nd):	
	SKP 7280Y - CC3/AIG20010486/T1rs3q2 ; 29.09.2020	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	CLAIMANT - COMFORT TRANSPORTATION PTE LTD	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: P/P	S\$ \$1,041.00 (2 days) Reduction: \$585.12 % 36	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 11/04/2022 Confirm with JIM	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,113.87 W/GST		
Loss of Rental (LOR):	S\$ 375.57 (3 days) x \$125.19		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 2.00		
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: \$320.00	
Total:	S\$ 1,641.44 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒	Call ☐
Payee 1:	S\$ 1,641.44 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		