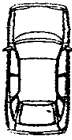


ASSIGNMENTSurveyor: XGQDOI: 17/05/2021Date / Time : 17/05/2021Registered in Merimen: 17/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 4233D

Claim No. : _____

Name of Insured : STELLA NG KIN WAH

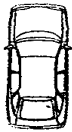
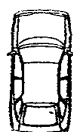
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/05/2021Place of Accident : ORCHARD RDIs 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****SHA 1053R**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 1053R : CC3/AIG12015377/H1b1g2y ; DOA : 06/08/2012	STAGE DATE / PIC
	SMU 4233D : CS/AIG21005894/Etf3 ; DOA : 15/05/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		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: ☐ ☐
	TPV: HYUNDAI IONIQ - 1586cc	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\$ \$5,642.40 (4 days) Reduction: \$2,633.32 % 32	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>12/04/2022</u> Confirm with <u>JIM</u>	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 6,037.37 W/GST	
Loss of Rental (LOR):	S\$ 625.95 (5 days) x \$125.19	
Loss of Use (LOU):	S\$ _____ (\$ x days)	
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒	[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\$ 6,915.32 Global Sum S\$: 6,900.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 6,900.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	