

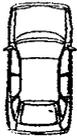
INS. CASE OWNER: **TEO Kitty**

**CC4/ASM22006235/pa3**

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : **29/06/2022**  
 Registered in Merimen: \_\_\_\_\_

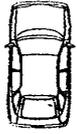
**Pre-assign / CCU / FTE**



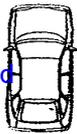
Insured Vehicle No. : **SHA 3711L** Claim No. : **S2M0457C**  
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **Toyota Prius**  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **24/06/2022 16:40** Place of Accident : **North Bridge Rd, Singapore**  
 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**

**GBH 9165H**



INSRS: **Venda Engineering & Trading Pte Ltd**  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
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 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<b>GBH 9165H - X</b>		
<b>SHA 3711L - Reference</b>		
CC3/AIG08016314/CDn 21/02/2009 SHA 3711L SGV 7698S 25/05/2008 23/02/2009	Created By:	
CC3/III18009476/Kps3n2 19/08/2020 SHC 5087G SHA 3711L 22/05/2018 20/08/2020	Not Reporting Itr (2nd):	
CC4/III17013619/Dpa3q2 24/11/2017 SJB 7380C SHA 3711L 05/07/2017 25/11/2017	Not Reporting Itr (Final):	
CS/III17017244/Krbn2 29/09/2017 GX 9794Z SHA 3711L 04/09/2017 29/09/2017	Notification Itr (if non-pickup):	
NA/AIG11018340/w1 08/09/2011 WILLY LIM WHEE LEI (WILLY LIN WEILI) SFZ 8858 SHA 3711L 07/09/2011 09/09/2011	Call / Mail / RBA	LCH
NA/INC17013076/h4 18/07/2017 CHONG KWEEK FEI SJB 7380C SHA 3711L 05/07/2017 20/07/2017		LSH
NBA/AIG20006154/Y 13/06/2020 NG WUN HAR GRACE EW 8989P SHA 3711L 09/06/2020 24/06/2020		RBA
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	3) Survey fee:	
<b>Total: S\$ _____ Global Sum S\$: _____</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		