			LKK:
INS. CASE OWNER:	CC 6/CTI1901 1729 , A×603		IDAC:

ASSIGNMENT

Surveyor: Adrian   DOI: 7/11/19   Date / Time: 7/11/19
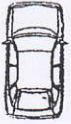
Registered in Merimen: _____

Pre-assign / CCU / FTE
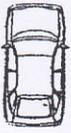
Insured Vehicle No. : GBD 9767S

Name of Insured : ACHIEVA VENDING PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A: 7/11/19

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

If **NO**, Driver Name / Age : YANG HENGING

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Insured Liability : ___ %   **Final ? Yes / No**

FBK 9123M → YM 6029P → GBD 9767S → GBE 1765U

INSRS:	INSRS:	INSRS:	INSRS: Yung meng.
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time			STAGE	DATE / PIC
	GBE1765U-X		Non-Reporting ltr (1st):	
	GBD 9767S-na/updragonmets mr yung		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
8/1/21 - DV sent			Call OI:	20/12/19
			After call ltr to OI:	

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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: 45   S$ 6000.00 (6 days) Reduction: 46 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 8/1/2021 Confirm with Jng Yee   Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : O
Repair Cost:	S$ 6000.00	(4 veh c.c; 01 2ND)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 600.00 ($100 x 6 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
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: $400.00
Total:	S$ 6607.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1:	S$ 6607.45	Name 1: Hua Meng Spray Painting Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: