			LKK:
INS. CASE OWNER:	**CC6/III21005001/Apa3**		IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: **21/04/2021**   Date / Time : **21/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBB 2280K**   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **19/04/2021 17:40**   Place of Accident : **UPPER THOMSON RD**

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**

GBL 805H ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **NEW HOCK TECK**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	GBL 805H **NA/CTI21004989/r3 ; 19.04.2021**	Non-Reporting ltr (1st):	
	GBB 2280K	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
30.07.2021	**Pls refer to VIEWS for details.**	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: **P/P** S$ **7,795.60** (**6** days) Reduction: **68** % | Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **30/07/2021** Confirm with: **Sukyi** | Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost **w/GST**	S$ **8,341.29**	
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 + 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: **$600.00**
Total:	S$ **8,943.29** Global Sum S$: **8,900.00**	

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

Payee 1:	S$ **8,900.00**	Name 1: **New Hock Teck Motor Pte Ltd**
Payee 2: (Strike if N.A.)	S$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S$ _____	Name 3: _____