INS. CASE OWNER:	**CC6/CTI22000857/Apa3q2**	LKK:
		IDAC:

ASSIGNMENT

Surveyor:	**Adrian**	DOI: **24/01/2022**	Date / Time : **25/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.	:	**GBG 1953H**	Claim No.	:	**SNM22D200635**
Name of Insured	:	**GREENVIEW LANDSCAPE & CONSTRUCTION PTE LTD**	Policy No.	:	**DMCVSNW00058712102**
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$ _____ D.O.A : **22/01/2022** Place of Accident : _____

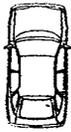Is driver the owner? (YES / (NO)) Nature of Accident : _____

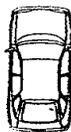If **NO**, Driver Name / Age : _____ OI GIA REPORT: (YES) NO ; TP GIA REPORT: (YES) NO

Driver Tel No. : _____ (V/L: (YES) NO) Insured Liability : ____ % **Final ? Yes / No**
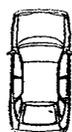
PD 500M → _____ → _____ _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: **YSK AUTO**	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		

PD 500M : NBA/CTI22000867/T1 ; DOA : 22/01/2022
GBG 1953H : CS/LAW20007947/Dsf3e2 ; DOA : 30/04/2019

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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: **L/sum** S$ **2,100.00** (**2** days) Reduction: **63** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **01/06/2022** Confirm with: **Janet** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **24**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **2,100.00**	
Loss of Rental (LOR):	S$ **600.00** (**3** days) **x$200**	
Loss of Use (LOU):	S$ ($ x 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: **$400.00**
Total:	S$ **2,707.45** **Global Sum S$:**	

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

Payee 1:	S$ **2,707.45**	Name 1: **YSK AUTO WORKSHOP**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: