

ASSIGNMENTSurveyor: KennethDOI: 08/12/2020Date / Time : 08/12/2020Registered in Merimen: 08/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLH 2515J

Claim No. : _____

Name of Insured : CHAI SHEAN YAN(CAI XIANYANG)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/12/2020

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 / NODriver Tel No. : _____ (V/L ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SJQ 9523R → _____ → _____ → _____ → _____INSRS:
WSP: **NGS**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJQ 9523R : NA/INC20013443/z4 ; DOA : 05/12/2020	STAGE DATE / PIC
	SLH 2515J : CC6/III18012582/Aja3n2 ; DOA : 07/07/2018	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/S</u>	S\$ <u>\$5,200.00</u> (<u>7</u> days) Reduction: <u>\$2,913.14</u> % <u>36</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>14/05/2021</u> Confirm with <u>evelyn</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100%</u>
Repair Cost:	S\$ <u>5,200.00</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	<u>C.C (OI LAST)</u>
Loss of Use (LOU):	S\$ <u>420.00</u> (\$ <u>60.00</u> x <u>7</u> days)	
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>	
Medical:	S\$ _____	1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>5,627.45</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>5,627.45</u> Name 1: <u>NGS AUTOMOTIVE</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	