

ASSIGNMENTSurveyor: KSCDOI: 08/03/2021Date / Time : 22/02/2021Registered in Merimen: 22/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMX 8855S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 14/02/2021 16:45Place of Accident : Slip Road Orchard Blvd to Grange Road

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**SJQ 902PINSRS:
WSP: NGS
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJQ 902P - NA/FCI10010607/s1 ; 31/05/2010</u>	Non-Reporting ltr (1st):	
	<u>NA/INC15001100/r3 ; 20/01/2015</u>	Non-Reporting ltr (2nd):	
	<u>SMX 8855S - X</u>	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>2,950.00</u> (<u>5</u> days) Reduction: <u>\$2,602.66</u> % <u>47</u>	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>23/06/2021</u> Confirm with <u>EVELYN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ <u>2,950.00</u>		
Loss of Rental (LOR):	\$S\$ <u>420.00</u> (<u>6</u> days) x70		
Loss of Use (LOU):	\$S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$S\$ <u>300.00</u> (\$ <u>50</u> x <u>6</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S\$ <u>7.45</u>		
Medical:	\$S\$ _____	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	\$S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	\$S\$ <u>3,677.45</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S\$ <u>3,677.45</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: _____		