

ASSIGNMENT

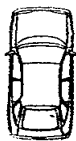
Surveyor:

KENNETH

DOI: 28/09/2021

Date / Time : 28/09/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBG 6982R**

Claim No. : SNM21D205512/C02/GBG6982R/CHNGPW

Name of Insured : _____

Policy No. : DMCVSNA00094542100

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/09/21 18:25

Place of Accident : _____

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

If NO, Driver Name / Age : _____

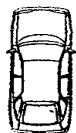
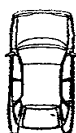
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJP 6952KINSRS:
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
	SJP 6952K - X	GBG 6982R - X	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: KSC	
Repair Cost:	L/S S\$ 3,200.00	(5 days) Reduction: 49 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 19.11.21	Confirm with EVELYN	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,200.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 360.00	(\$ 60 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\$ 7.45			
Medical:	S\$ -		1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$400	
Total:	S\$ 3,567.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 19.11.21	Confirm with: EVELYN	Email ☐	Call ☐
Payee 1:	S\$ 3,567.45	Name 1: NGS AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		