

ASSIGNMENTSurveyor: **KENNETH**DOI: **09/12/2021**Date / Time : **08/12/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMD 9673Z**Claim No. : **SNM21D207139/C02/SMD9673Z/LEEPG**Name of Insured : **TEO ENG SENG**Policy No. : **DMPCSNA00243262101**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03/12/2021 17:30**Place of Accident : **105 Towner Rd, Block 105, Singapore 321105**

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****SJN 9439S**INSRS: **NGS**
WSP: **MOTORSPORT**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJN 9439S - X	Non-Reporting ltr (1st):	
	SMD 9673Z - CS3/CTI21006994/Vqcn2: 21/06/2021	Non-Reporting ltr (2nd):	
	NA/CTI21007440/r3; 21/06/2021	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	☐ ☐
	CLAIMANT - NGS MOTORSPORT PTE LTD	LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
	TPV: HYUNDAI AVANTE - 1591cc	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: LS	S\$ \$800.00 (3 days) Reduction: \$1,694.23 % 68	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 31/05/2022 Confirm with EVELYN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 800.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 150.00 (\$ 50 x 3 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/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$400.00	
Total:	S\$ 957.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 957.45	Name 1: NGS MOTORSPORT PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	