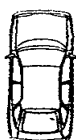


ASSIGNMENTSurveyor: **BRYAN**

DOI: _____

Date / Time : **05/11/2020**Registered in Merimen: **05/11/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFD 9781C**Claim No. : **3585462847SG**Name of Insured : **TAN PUAY HIN**Policy No. : **2100354113**

Insured Tel No. : _____ HP: _____

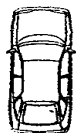
Make / Model : **TOYOTA LEXUS GS250 STANDARD**Excess Sec II :S\$ _____ D.O.A : **04/11/2020 17:00**Place of Accident : **THOMSON RD, TURNING INTO MOULMEAIN RD**

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

If NO, Driver Name / Age : **TAN LI MIN, BERNY**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SFD 9781C**INSRS: **JWG**
WSP: **INTERNATIONAL**
Tel : **PTE. LTD.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SFD 9781C - X	SFD 9781C - X	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:	☐ ☐
08/02/2021	SETTLED AND CLOSED / NO PHY FILE			
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 5,000.00 (5 days) Reduction: 83.22 %		Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/02/2021 Confirm with JWG		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 5,350.00			
Loss of Rental (LOR):	S\$ 840.00 (7 days) x \$120.00			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 36.45			
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:	\$320.00
Total:	S\$ 6,226.45 Global Sum S\$: 6,200.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 6,200.00	Name 1: JWG INTERNATIONAL PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		