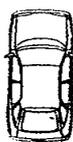


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 19/11/2020  
 Registered in Merimen: 19/11/2020

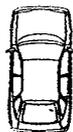
**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBH 149P Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 17/11/2020 2110 Place of Accident : 93 MEYER ROAD THE MEYERISE CARPARK  
 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**

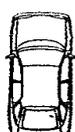
SJY 4541D →



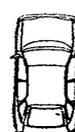
INSRS:  
 WSP: JWG  
 Tel : INTERNATIONAL  
 Liability: PTE. LTD.  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SJY 4541D - X</u>	<u>GBH 149P - X</u>	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
<u>10/05/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		Towing Invoice	<input checked="" type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>9,800.00</u> ( <u>7</u> days) Reduction: <u>84.81</u> %		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	<u>07/05/2021</u> Confirm with <u>JWG</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>10,486.00</u>			
Loss of Rental (LOR):	S\$ _____ ( _____ days)		<u>Insured driver turning while third party vehicle going straight.</u>	
Loss of Use (LOU):	S\$ <u>1,000.00</u> (\$ <u>100</u> x <u>10</u> days)			
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ <u>36.45</u>			
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ <u>50.00</u> (e.g. <u>Tow</u> / Independent )		2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$600.00</u>	
<b>Total:</b>	S\$ <u>11,572.45</u> <b>Global Sum S\$: 11,500.00</b>			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>11,500.00</u> Name 1: <u>JWG International Pte Ltd</u>			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2:			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3:			