

ASSIGNMENT

Surveyor:

Bryan

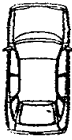
DOI:

10/02/2021

Date / Time :

09/02/2021

Registered in Merimen:

09/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLC 5302M**

Claim No. : _____

Name of Insured : **TAY HAI SONG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

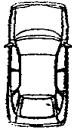
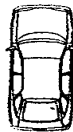
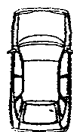
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **08/02/2021**

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****SJH 707J**INSRS:
WSP: **JWG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJH 707J : CC4/AIG20011959/Db3 ; DOA : 30/10/2020	STAGE
	SLC 5302M : CC4/AIG20011294/Egs3 ; DOA : 17/10/2020	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: ☐ ☐
19/07/2021	SETTLED AND CLOSED / NO PHY FILE	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 5,850.00 (7 days) Reduction: 72.94 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 16/07/2021 Confirm with JWG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: (W/GST)	S\$ 6,259.50	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 840.00 (\$ 60 x 14 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ [Tick only one]		
GIA/LTA Search	S\$ 65.45	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ 7,164.95 Global Sum S\$: 7,150.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 7,150.00 Name 1: JWG International Pte Ltd	Email ☐ Call ☐
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$320.00**