

ASSIGNMENTSurveyor: **BRYAN**

DOI: _____

Date / Time : **22/02/2021**Registered in Merimen: **23/02/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBJ 712C**

Claim No. : _____

Name of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.**

Policy No. : _____

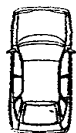
Insured Tel No. : _____ HP: _____ Make / Model : **Volkswagen T6 VAN**Excess Sec II :S\$ _____ D.O.A : **18/02/2021 19:30** Place of Accident : **Along gentle rd**

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

If NO, Driver Name / Age : **ROSLEE BIN ABBUL AZIZ**

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

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

Insured Liability : % **Final ? Yes / No****SKC 6911K**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	SKC 6911K - X	GBJ 712C - 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
31/05/2021	SETTLED AND CLOSED / NO PHY FILE			
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 4,100.00 (6 days) Reduction: 84.46 %		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 27/05/2021 Confirm with JWG		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 4,387.00			
Loss of Rental (LOR):	S\$ 1,320.00 (11 days) X \$120.00			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: \$320.00	
Total:	S\$ 5,714.45	Global Sum S\$: 5,600.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 5,600.00	Name 1: JWG International Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		