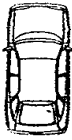


**ASSIGNMENT**

Surveyor:

**Bryan**DOI: **02/03/2021**Date / Time : **01/03/2021**Registered in Merimen: **01/03/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMT 1187D**

Claim No. : \_\_\_\_\_

Name of Insured : **LIM SIM HOCK**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

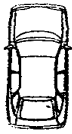
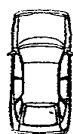
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **25/02/2021**

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SLG 9460S**INSRS:  
WSP: **JWG**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                        |                                                              |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                   | SLG 9460S : NA/INC20014676/h4 ; DOA : 27/12/2020             | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                   | SMT 1187D : X                                                | Non-Reporting ltr (1st):                                                           |
|                                                                                                                   | - Please check / verify OID DL                               | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                   |                                                              | Non-Reporting ltr (Final):                                                         |
|                                                                                                                   |                                                              | Notification ltr (if non-pickup):                                                  |
|                                                                                                                   |                                                              | Call OI:                                                                           |
|                                                                                                                   |                                                              | After call ltr to OI:                                                              |
| <b>17/12/2021</b>                                                                                                 | <b>Pls refer to VIEWS for details.</b>                       | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                   |                                                              | Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                   |                                                              | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                   |                                                              | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                   |                                                              | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                   |                                                              | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                   |                                                              | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                   |                                                              | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                   |                                                              | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                   |                                                              | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                   |                                                              | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                   |                                                              | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                   |                                                              | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                   |                                                              | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                         | Date/Time: _____ Sent By: _____                              | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                   |                                                              | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                               | Date/Time: _____ Confirm with: _____                         | Confirm by: _____                                                                  |
| Repair Cost: <b>L/sum</b>                                                                                         | S\$ <b>3,900.00</b> ( <b>5</b> days) Reduction: <b>86</b> %  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                           | Date/Time: <b>17/12/2021</b> Confirm with <b>JWG</b>         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                  | % <b>50</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>    | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>4,173.00</b>                                                                                      | S\$ <b>2,086.50</b> w/GST                                    |                                                                                    |
| Loss of Rental (LOR): <b>123.58</b>                                                                               | S\$ <b>561.75</b> ( <b>7</b> days) w/GST                     |                                                                                    |
| 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"/> | [Tick only one]                                              |                                                                                    |
| GIA/LTA Search                                                                                                    | S\$ <b>36.45</b>                                             |                                                                                    |
| Medical:                                                                                                          | S\$                                                          | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement:                                                                                                     | S\$ (e.g. Tow/ Independent )                                 | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost                                                                                                        | S\$                                                          | 3) Survey fee: <b>\$320.00</b>                                                     |
| <b>Total:</b>                                                                                                     | S\$ <b>2,684.70</b> <b>Global Sum S\$: 2,650.00</b>          |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                              | Date/Time: _____ Confirm with: _____                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                          | S\$ <b>2,650.00</b> Name 1: <b>JWG International Pte Ltd</b> |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                         | S\$ Name 2:                                                  |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                         | S\$ Name 3:                                                  |                                                                                    |