

ASSIGNMENTSurveyor: **BRYAN**DOI: **03.03.2021**Date / Time : **03.03.2021**Registered in Merimen: **03.03.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLU 9761A**Claim No. : **1818317542SG**

Name of Insured :

Policy No. : **1800054376-02**

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II :S\$

D.O.A : **03/03/2021**

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

SKA 8182UINSRS:
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
	SKA 8182U - CS/CAI12003671/Rfn ; 15/02/2012	Non-Reporting ltr (1st):	
	CV1/VAL18006873/Gq ; 30/03/2018	Non-Reporting ltr (2nd):	
	SLU 9761A - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/S	S\$ \$20,000.00 (12 days) Reduction: \$37,087.10 % 65	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11/09/2021 Confirm with JWG	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 21,400.00 W/GST		
Loss of Rental (LOR):	S\$ 1,400.00 (14 days) x \$100		
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\$ 130.00 (e.g. ☒ Tax / Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 22,966.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 22,966.45 Name 1: JWG INTERNATIONAL PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		