

ASSIGNMENTSurveyor: BRYANDOI: 15/03/2021Date / Time : 12/03/2021Registered in Merimen: 12/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMT 6970B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/03/2021

Place of Accident : _____

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

If NO, Driver Name / Age :

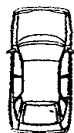
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBE 5875JINSRS:
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			
	<u>GBE 5875J - X</u>	<u>SMT 6970B - X</u>	STAGE DATE / PIC
			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
<u>21/07/2021</u>	<u>Pls refer to VIEWS for details.</u>		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 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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>3,600.00</u> (<u>4</u> days) Reduction: <u>88</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>21/07/2021</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>15</u>			If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>3,852.00</u>			
Loss of Rental (LOR): S\$ <u>500.00</u> (<u>5</u> days) x \$100.00			
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\$ <u>36.45</u>			
Medical: S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Legal Cost S\$			3) Survey fee: <u>\$320.00</u>
Total: S\$ <u>4,388.45</u>	Global Sum S\$: <u>4,350.00</u>		
FINAL PAYMENT Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>4,350.00</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:		