

ASSIGNMENT

Surveyor:

BRYAN

DOI:

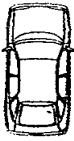
03/06/2021

Date / Time :

28/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7190Y

Claim No. : S1M03ABE

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2419138

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 18/05/2021 10:10

Place of Accident : SENGKANG COMMUNITY HUB

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. :

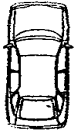
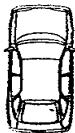
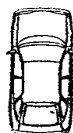
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMY 3708L

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	SMY 3708L - X	SHD 7190Y - 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)	☐ ☐
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 400.00 (2 days) Reduction: 97 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 29/03/2022	Confirm with JWG	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 428.00			
Loss of Rental (LOR):	S\$ 300.00 (3 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\$ 29.00			
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: \$350.00	
Total:	S\$ 757.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 757.00	Name 1:	JWG International Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		