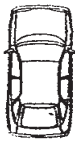


ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 09/11/2021Registered in Merimen: 09/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SFB 887BClaim No. : 2714833478SGName of Insured : TAY SOON LIM

Policy No. : _____

Insured Tel No. : _____ HP: _____

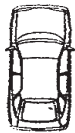
Make / Model : Lexus RX200TExcess Sec II : \$ _____ D.O.A : 06/11/2021 13:45Place of Accident : HOMSON ROAD

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****SMR 228L**INSRS:
WSP: **Jew Motors**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SMR 228L - X	STAGE	DATE / PIC	
	SFB 887B - CC3/AIG13020641/T1pb3q2 ; 01/11/2013	Non-Reporting ltr (1st):		
	CC4/AIG09010157/Rn1vn ; 07/05/2009	Non-Reporting ltr (2nd):		
	CS3/AIG20012051/Gvf3e2 ; 03/11/2020	Non-Reporting ltr (Final):		
	CS3/AIG20012051/Gvf3e2-1 ; 03/11/2020	Notification ltr (if non-pickup):		
	CS3/FCI15008814/Yvbq2 ; 22/05/2015	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/SUM	S\$11,450.00	(6 days) Reduction: 80 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 05/07/2023	Confirm with JEW	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 11,450.00			
Loss of Rental (LOR): 7%GS	S\$ 1,123.50	(7 days) X \$150.00		
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\$ 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\$ 12,580.95	Global Sum S\$: 12,500.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 12,500.00	Name 1: J.E.W MOTORS PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		