

ASSIGNMENTSurveyor: ThevanDOI: 17/11/2021Date / Time : 15/11/2021Registered in Merimen: 15/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMX 2427J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12.11.2021

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

ES 82DINSRS:
WSP: BW WKSP
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	ES 82D - X	SMX 2427J - 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
			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: <u>Part by Part</u>	S\$ <u>28,0832.25</u> (<u>8</u> days) Reduction: <u>33</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>18/01/2023</u> Confirm with <u>Allyson</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28 (Ass.100%)</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>30,049.08</u>			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ <u>3,000.00</u> (\$ <u>60</u> x <u>50</u> days)			
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>7.45</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>\$600</u>	
Total:	S\$ <u>33,056.53</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>33,056.53</u>	Name 1:	<u>BW WORKSHOP SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		