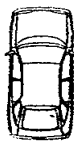


ASSIGNMENTSurveyor: BryanDOI: 07/04/2022Date / Time : 05.04.2022Registered in Merimen: 05.04.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 9810D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 18/03/2022 22:45Place of Accident : Bali Ln, Singapore

Is driver the owner? (YES / NO)

Nature of Accident : _____

INFRONT OF PITA BAKERY

If NO, Driver Name / Age :

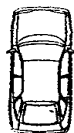
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

GBK 9292HINSRS: JWGWSP: INTERNATIONAL

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GBK 9292H - NBA/AIG22002588/Y ; 18.03.2022</u>	Non-Reporting ltr (1st):	
	<u>GBH 9810D - NBA/AIG22002588/Y ; 18.03.2022</u>	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/Sum</u>	S\$ <u>600.00</u> (<u>2</u> days) Reduction: <u>98</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>18/01/2023</u> Confirm with <u>JWG</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>Nil</u>	If NO or B 28, Ass. Lia :	
Repair Cost: with <u>GST</u>	S\$ <u>642.00</u> (Non-report, OI charged by TP)		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>280.00</u> (\$ <u>70</u> x <u>4</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>38.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$600.00</u>	
Total:	S\$ <u>960.45</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>960.45</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: _____		