15/5/2010

INS. CASE OWNER: CC4/III20011605/Des3

LKK:

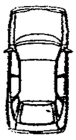
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 27/10/2020 Date / Time : 26/10/2020

Registered in Merimen: 26/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2229D Claim No. :

Name of Insured : PRIME CAR RENTAL & TAXI SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

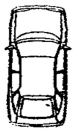
Excess Sec II :S$ D.O.A : 26/10/2020 Place of Accident :

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

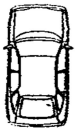
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

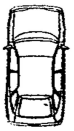
SLZ 3940M → → →



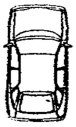
INSRS:
WSP: JWG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLZ 3940M : NBA/AIG20011609/Y ; DOA : 26/10/2020 SHD 2229D :

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: ABT
Repair Cost: L/S	S$ 4,000.00 (5 days)	Reduction: 82 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29.10.21	Confirm with JWG	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 4,280.00	3VEH CC OI 2ND	
Loss of Rental (LOR):	S$ 1,040.00 (8 days)	X $130	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $600
Total:	**S$** 5,356.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 29.10.21	Confirm with: JWG	Email ☐ Cal ☐
Payee 1:	S$ 5,356.45	Name 1: JWG INTERNATIONAL PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	