

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

BRYAN

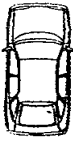
DOI:

29/04/2021

Date / Time :

29/04/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 7012J**Claim No. : **P2419140**Name of Insured : **CITYCAB PTE LTD**Policy No. : **S1M0390U**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40****Excess Sec II :S\$**D.O.A : **27/04/2021 09:30**Place of Accident : **Alexandra, Singapore**

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

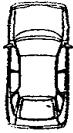
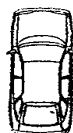
If **NO**, Driver Name / Age : **CHUA MENG NGAK**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKG 5922P**INSRS:
WSP: **JWG**
Tel : **INTERNATIONAL**
Liability : **PTE. LTD.**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKG 5922P - X	STAGE	DATE / PIC
	SHC 7012J - CC3/AIG09015042/Cn1j ; 06/07/2009	Non-Reporting ltr (1st):	
	CS/FCI14005067/Agbw2 ; 15/03/2014	Non-Reporting ltr (2nd):	
	NA/III14004979/m2 ; 15/03/2014	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: L/S	S\$ 4200.00 (4 days) Reduction: \$48,413.54% 92	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 13/07/2021 Confirm with JWG	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,044.60 W/GST AXA INSTRUCTION		
Loss of Rental (LOR):	S\$ 642.00 (6 days) x \$107.00 W/GST		
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\$ 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: \$350.00	
Total:	S\$ 4,723.05	Global Sum S\$: 4,900.00 (AXA'S INSTRUCTION)	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 4,900.00	Name 1:	JWG INTERNATIONAL PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	