15/5/2010

INS. CASE OWNER:

CC4/III21007604/Ags3

LKK:

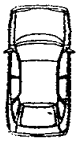
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 14/07/2021 Date / Time : 13/07/2021

Registered in Merimen: 13/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2013J Claim No. : MFL2021D0003066

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

Insured Tel No. : HP: Make / Model :

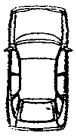
Excess Sec II :S$ D.O.A : 12/07/2021 Place of Accident : CTE

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

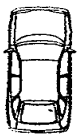
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

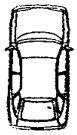
GBH 8813C → → →



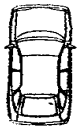
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBH 8813C : NA/INC19020749/r3 ; DOA : 26/10/2019	**STAGE** **DATE / PIC**
	SHD 2013J : CC4/III21006220/Kpa3q2 ; DOA : 23/05/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	CLAIMANT- EASE LOGISTICS	After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup)
	TPV: TOYOTA HIACE - 2982cc	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$ $18,700.00 (18 days)	Reduction: $24,708.48 % 57	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/05/2022	Confirm with KERRY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 19,795.00	W/GST (III'S INSTRUCTION)	
Loss of Rental (LOR):	S$ 1,680.00 (21 days)	x $80.00	C.C (OI LAST)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $600.00
Total:	**S$** 21,482.45	**Global Sum S$:** 21,450.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 21,450.00	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	