15/5/2010

INS. CASE OWNER:

CC4/FWD22000812/Dea3

LKK:

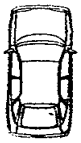
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 24/01/2022 Date / Time : 24/1/2022

Registered in Merimen: 24/1/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNB 8785P Claim No. : 1202200001055

Name of Insured : Policy No. : PNPV2021-00003956

Insured Tel No. : HP: Make / Model :

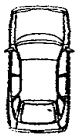
Excess Sec II :S$ D.O.A : 22/01/2022 Place of Accident :

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

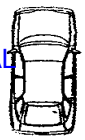
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

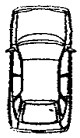
SJD 2502R → → →



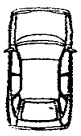
INSRS:
WSP: JWG INTERNATIONAL PTE. LTD.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJD 2502R - CC3/AIG14002309/H1pb3q2 ; 04.02.2014	**STAGE** **DATE / PIC**
	SNB 8785P - NBA/FWD22000800/Y ; 21.01.2022	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: ABT
Repair Cost: L/S	S$ 3,000.00 (3 days)	Reduction: 94%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.05.22	Confirm with XINMIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 3,210.00	3VEH CC OI 2ND	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 500.00 ($ 100 x 5 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ -		
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: $500
Total:	**S$** 3,710.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 23.05.22	Confirm with: XINMIN	Email ☐ Call ☐
Payee 1:	S$ 3,710.00	Name 1:	JWG INTERNATIONAL PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	