

ASSIGNMENT

Surveyor: Adrian

DOI: 26/10/2020

Date / Time : 26/10/2020

Registered in Merimen: 26/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2252K

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 : 23/10/2020

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**

SJQ 1050R



INSRS:
WSP: POLYMATH
Tel: GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJQ 1050R : CS/CAI09020857/Rqr1 ; DOA : 07/09/2009		STAGE	DATE / PIC
	SHD 2252K : CC6/CTI19015394/T1ha3n2 ; DOA : 29/08/2019		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)	<input type="checkbox"/>	<input type="checkbox"/>	
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>	
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>	
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
	PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
	Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
	LOD	<input type="checkbox"/>	<input type="checkbox"/>	
	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 3,000.00	(4 days) Reduction: 66 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 20/11/2020	Confirm with NIGEL	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,000.00			
Loss of Rental (LOR):	S\$ 400.00	(4 days) x \$100.00		
Loss of Use (LOU):	S\$ _____	(\$ x days)		
Loss of Income (LOI):	S\$ _____	(\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ _____			
Disbursement:	S\$ _____	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$ _____			2) Report Format: TP
Total:	S\$ 3,407.45	Global Sum S\$: 3,400.00		3) Survey fee: 350.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,400.00	Name 1: POLYMATH GARAGE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		