

**ASSIGNMENT**Surveyor: AdrianDOI: 08/12/2020Date / Time : 11/12/2020Registered in Merimen: 11/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 2356U

Claim No. : \_\_\_\_\_

Name of Insured : PRIME CAR RENTAL & TAXI SERVICES PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

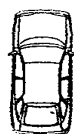
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 06/12/2020

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SBR 6836Y**INSRS:  
WSP:  
Tel : PEOPLE'S VEHICLE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     |                                                                                      |                                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                | SBR 6836Y : <u>NA/INC20013473/h4 ; DOA : 06/12/2020</u>                              | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                | SHD 2356U :                                                                          | Non-Reporting ltr (1st):                                                           |
|                                                                                |                                                                                      | Non-Reporting ltr (2nd):                                                           |
|                                                                                |                                                                                      | Non-Reporting ltr (Final):                                                         |
|                                                                                |                                                                                      | Notification ltr (if non-pickup):                                                  |
|                                                                                |                                                                                      | Call OI:                                                                           |
|                                                                                |                                                                                      | After call ltr to OI:                                                              |
|                                                                                |                                                                                      | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                |                                                                                      | 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"/>          |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time: _____ Sent By: _____                                                      | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                            | Date/Time: _____ Confirm with: _____                                                 | Confirm by: _____                                                                  |
| Repair Cost: <u>P/P</u>                                                        | S\$ <u>2,255.00</u> ( <u>3</u> days) Reduction: <u>18</u> %                          | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <u>07/04/2021</u> Confirm with <u>Apple</u>                               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                               | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>22</u>                            | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <u>w/GST</u>                                                      | S\$ <u>2,412.85</u>                                                                  |                                                                                    |
| Loss of Rental (LOR):                                                          | S\$ _____ ( _____ days)                                                              |                                                                                    |
| Loss of Use (LOU):                                                             | S\$ <u>180.00</u> (\$ <u>60</u> x <u>3</u> days)                                     |                                                                                    |
| Loss of Income (LOI):                                                          | S\$ _____ (\$ _____ x _____ days)                                                    |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                                    |
| GIA/LTA Search                                                                 | S\$ <u>7.45</u>                                                                      |                                                                                    |
| Medical:                                                                       | S\$ _____                                                                            | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement:                                                                  | S\$ _____ (e.g. Tow/ Independent )                                                   | 2) Report Format: <u>TP</u>                                                        |
| Legal Cost                                                                     | S\$ _____                                                                            | 3) Survey fee: <u>\$350.00</u>                                                     |
| <b>Total:</b>                                                                  | S\$ <u>2,600.30</u> <b>Global Sum S\$: 2,600.00</b>                                  |                                                                                    |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: _____ Confirm with: _____                                                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | S\$ <u>2,600.00</u> Name 1: <u>People's Vehicle Recovery Service</u>                 |                                                                                    |
| Payee 2: (Strike if N.A.)                                                      | S\$ _____ Name 2: _____                                                              |                                                                                    |
| Payee 3: (Strike if N.A.)                                                      | S\$ _____ Name 3: _____                                                              |                                                                                    |