

**ASSIGNMENT**

Surveyor: MARCUS

DOI: 09/02/2021

Date / Time : 09/02/2021

Registered in Merimen: 09/02/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHD 2152R

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 22/12/2020

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 / NO

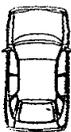
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

YN 7930A → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS:  
WSP: LIU'S BROTHER  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	YN 7930A : X	
	SHD 2152R : CS/INC11009167/Kfg1 ; DOA : 03/03/2011	
	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"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: L/S S\$ 2,600.00 ( 3 days) Reduction:\$7,260.00 % 74 Email  Call

**FINAL SETTLEMENT** Date/Time: 18/11/2021 Confirm with SUSAN Email  Call   
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,600.00  
Loss of Rental (LOR): S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)  
Loss of Use (LOU): S\$ 360.00 (\$ 120 x 3 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\$ \_\_\_\_\_  
Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
Legal Cost S\$ \_\_\_\_\_  
1) Claim status:  Normal/Reject/Private Settle  
2) Report Format: TP  
3) Survey fee: \$350.00

**Total:** S\$ 2,967.45 **Global Sum S\$:** \_\_\_\_\_

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$2,967.45 Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP  
Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_