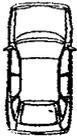|	CC6/III21008768/Upa3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 20/08/2021   Date / Time : 20/08/2021

Registered in Merimen: 20/08/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 2370C**   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 : 19-08-2021   Place of Accident : _____

Is driver the owner?   (YES / NO)   Nature of Accident : _____
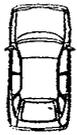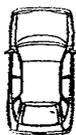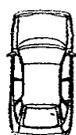
If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJT 5709H _____ → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CHOO MOTOR	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJT 5709H - NA/FWD21000785/h4; 16/01/2021	Non-Reporting ltr (1st):	
	NA/INC10018486/r; 15/09/2010	Non-Reporting ltr (2nd):	
	SHD 2370C - CC3/FCI14010643/Kvbk3; 10/02/2014	Non-Reporting ltr (Final):	
	CS/FCI13003972/Ry1k3; 22/02/2013	Notification ltr (if non-pickup):	
	CS/INC10017350/Fqn; 01/07/2010	Call OI:	
		After call ltr to OI:	
21/09/2021	Pls refer to VIEWS for details.	**Documentation Check List: Handler Typist**	

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: _____

	Handler	Typist
Post-Repair Photos:	☐	☐
Others:	☐	☐

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/sum   S$ 6,500.00   (5 days) Reduction: 66 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/09/2021 Confirm with: Jason   Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,500.00	
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 ☐ 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: $600.00
Total:	S$ 6,900.00 Global Sum S$:	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ☐ Call ☐

Payee 1:	S$ 6,900.00	Name 1: Choo Motor Spray Painter
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: