

**ASSIGNMENT**

Surveyor: STEVE

DOI: 07/02/2022

Date / Time : 07/02/2022

Registered in Merimen: 07/02/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLR 4635E  
 Name of Insured : GRAB RENTALS PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 02/02/2022  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

Claim No. : MFL2022D0000602  
 Policy No. : D21MFL0000447\_01  
 Make / Model : \_\_\_\_\_  
 Place of Accident : CLEMENTI RD

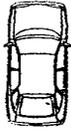
If NO, Driver Name / Age :

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO

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

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

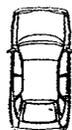
**SHD 2186T**



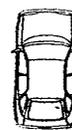
INSRS:  
WSP: **PRIME AUTO**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SHD 2186T : X ; SLR 4635E : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
CLAIMANT -	PRIME CAR RENTAL & TAXI SERVICES PTE LTD		Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler Typist</b>	
	TPV: TOYOTA PRIUS - 1797CC		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"/>
<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: L/S	S\$ <b>\$3,300.00</b>	( 5 days) Reduction: <b>\$2,779.35% 46</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: 31/03/2022	Confirm with PEI YEE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>3,531.00</b>	W/GST		
Loss of Rental (LOR):	S\$ <b>344.50</b>	( 5 days) x \$68.90		
Loss of Use (LOU):	S\$ _____	( \$ x days)		
Loss of Income (LOI):	S\$ <b>250.00</b>	( \$ 50 x 5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$ <b>7.45</b>			
Medical:	S\$ _____		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ <b>42.80</b>	(e.g. <input checked="" type="checkbox"/> Co- / Independent )	2) Report Format: TP	
Legal Cost	S\$ _____		3) Survey fee: \$350.00	
<b>Total:</b>	<b>S\$ 4,175.75</b>	<b>Global Sum S\$: 4,150.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>4,150.00</b>	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		