15/5/2010

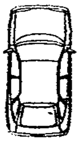
INS. CASE OWNER: | CC4/III23002008/Kpa3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22.02.2023 Date / Time : 22.02.2023

Registered in Merimen: 23.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 2663H Claim No. :

Name of Insured : PRIME CAR RENTAL & TAXI SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

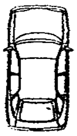
Excess Sec II :S$ D.O.A : 20/02/2023 14:15 Place of Accident : PIE, Singapore

Is driver the owner? (YES / NO) Nature of Accident : NEAR TOH GUAN FLYOVER

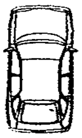
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

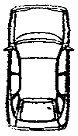
SMW 6341B → → →



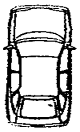
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMW 6341B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/AGI21000462/Qtd3q2 05/03/2021 SMW 6341B SLU 6351U 31/12/2020 08/03/2021 NVT
SHD 2663H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI17004059/T1gh3n2 13/03/2017 SHD 2663H SHA 4399Z 27/02/2017 13/03/2017 CCY NA/INC13021017/m2 08/11/2013 MUHAMMAD HIDAYATULLAH BIN MOHAMED IDRIS PA 1495D SHD 2663H 07/11/2013 13/11/2013 NRM NBA/CTI21011617/Y 15/11/2021 HOSSAIN MOHAMMAD ANOWAR GBJ 607Z SHD 2663H 12/11/2021 18/11/2021 RBA NBA/INC14009659/s4 23/05/2014 YEO WAN HUI GBA 4380Y SHD 2663H 22/05/2014 28/05/2014 SAM

STAGE	**DATE / PIC**
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)	☐	☐
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	