

ASSIGNMENTSurveyor: **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**

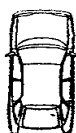
INSRS:

WSP: **OPTIMA WERKZ**

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	STAGE	DATE / PIC
SMW 6341B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CS/AGI21000462/Qtd3q2 05/03/2021 SMW 6341B SLU 6351U 31/12/2020 08/03/2021 NVT	Non-Reporting ltr (2nd):	
SHD 2663H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (Final):	
CS/FCI17004059/T1gh3n2 13/03/2017 SHD 2663H SHA 4399Z 27/02/2017 13/03/2017 CCY	Notification ltr (non-pickup):	
NA/INC13021047/m2 08/11/2013 MUHAMMAD HIDAYATULLAH BIN MOHAMED IDRIS PA 1495D SHD 2663H 07/15/2013 13/11/2013 NRM	Call OI:	
NBA/CTI21011617/Y 15/11/2021 HOSSAIN MOHAMMAD ANOWAR GBJ 607Z SHD 2663H 12/11/2021	After call ltr to OI:	
NBA/INC14009659/s4 23/05/2014 YEO WAN HUI GBA 4380Y SHD 2663H 22/05/2014 28/05/2014 SAM	Documentation Check List:	Handler
	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: _____	Post-Repair Photos:	☐
	Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM S\$ 1,700.00 (4 days) Reduction: 62 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 13/06/2023 Confirm with Joseph	Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST S\$ 1,836.00		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ 400.00 (\$ 80 x 5 days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 26.75		
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settlement	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ _____	3) Survey fee: \$350.00	
Total: S\$ 2,262.75 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 2,262.75 Name 1: Optima Werkz Pte Ltd		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		