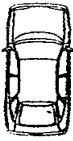


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **30.04.2023**Registered in Merimen: **01.04.2023 BY WKSP****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 2147G**

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 : **31/03/2023 16:26**

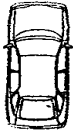
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **KOH LIAN TECK**

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

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

Insured Liability : % **Final ? Yes / No****SHD 4917M**INSRS: **CDGE LOYANG**
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHD 4917M -	CS/FC16013017/Cybn2 28/09/2016 SJP 1728A SHD 4917M 06/07/2016 28/09/2016 C/L	Non-Reporting ltr (1st):	
	CS/FC16015989/R1gbs2 03/10/2016 SGB 3835U SHD 4917M 16/08/2016 04/10/2016 C/L	Non-Reporting ltr (2nd):	
	CS/MSG17021491/K1rbe2 21/11/2017 SHD 4917M WC 1871H 08/11/2017 23/11/2017 C/L	Non-Reporting ltr (Final):	
SHD 2147G -	CC4/III21008585/Apa3q2 20/10/2021 SKW 9459A SHD 2147G 11/08/2021 20/10/2021 C/L	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: _____		