

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **25.04.2023**Registered in Merimen: **26.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 2047L**

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 : **25.04.2023**

Place of Accident : _____

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

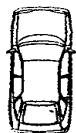
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SLZ 8588P**INSRS:
WSP: **ADVANCE**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLZ 8588P - X		Non-Reporting ltr (1st):	
SHD 2047L - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
CC6/AIG130015/0/K61E2y 27/02/2013 SHD 2047L SKE 6852L 19/01/2013 01/03/2013 SBS		Non-Reporting ltr (Final):	
NAVING14009763/r3 26/05/2014 LAU SIANG NOY CBB 3501S SHD 2047L 24/05/2014 29/05/2014 RBW		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
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: _____		