15/5/2010 INS. CASE OWNER	78	CC \ / AXA170	23222,	ea3 LKE		
Surveyor:	ks.	ASSIGN		Date / Time :	6/14/17	
Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owner	. :	HP: D.O.A: DS Nature of Accident:	Claim No. Policy No. Make / Model Place of Accid	Registered in Merimen: COY618 P07095	- 6/12/13 827 103	
If NO, Driver Nan Driver Tel 1	No. :	(V/L: YES / NO)	OI GIA REPO Insured Liabili	RT: YES / NO ; TP GIA ty: % Fin:	REPORT: YES / NO al? Yes / No	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	0.0.01.01	N/ M.11 3		STAGE	DATE / PIC	
	SU 166 H - X	1 6x 84/15-	X	Non-Reporting ltr (1st):	DATE/TIC	
val al.	mythat Cettler	ent done. Alvin-	Pegagus.	Non-Reporting ltr (2nd):		
10/10/18	s mynn certien	ent done. Hivin-	ryryws.	Non-Reporting ltr (Final):		
26/11	t No ENVIR do	ne. to arried	Caco.	Notification ltr (if non-pic Call OI:	Kup).	
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14/				Documentation Check I	ist: Handler Typist	
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				After call ltr to OI:	Kup)	_
				Authorisation To Act:		_
				Release Voucher:		_
				Final Repair Bill:		
				Car Rental Invoice:		_
						=
				Towing Invoice		=
				LTA / GIA :		_
-				Medical Bill:		_
				PIR:		
				Mandate/Reject Instruc	tion:	
				LOD		
				Payment Breakdown Fo	orm:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Ema	ail 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 LO	OR + LOI [Tick only or	ne]			
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Norma	l/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independe	ent)	2) Report Format:		
Legal Cost	S\$			3) Survey fee:		
Total:	SS	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:				
ayee J. (Strike II IV.A.)	59	ridino J.				

...CLAIM SUBFOLDER...(New Assignment)

Non-Reporting

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Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each

It is a legally binding agreement.

1.	Details of the Accident:-	017	Time :	1445	h(3	
	Date (dd/mm/yyyy): 05 /12 / 2 Location: Black Sb Bedok	North	Street 4	open		rk

- 2a. Vehicle registration no. SLR 2603 K driven by Lim Chaw khon 568 340359 (Name & Nric no) and owned by Grab Rentals Pte Ltd. 7016172009 (Name & Nric no).

 2b. Vehicle registration no. GX 8441 72 driven by Wee Ban Tien 9022 8760 (Name & Nric no) and owned by WL Packaging Industries (Name & Nric no). 52876340K - 6267 8508
- 3. The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.
 - *a. Neither party shall be liable to compensate the other party for any loss or damages incurred or To be incurred as a result of the accident.
 - *b. Without any admission of liability, WL Packaging Industries (party paying compensation) has paid a sum of \$ 1,021.95 which Grab Pentals Pte Ltd (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.
- There are no personal injuries to the undersigned parties.

201617200G

THE Care no p	SLR 2603 K	OX8441 X Vehicle B		
	Vehicle A			
Name	Grab Rentals Pte Utd	WL Packaging Industries		
NRIC no.	2016 17200 G	52876340K		
Address	18 sin ming care #01-08 midview city singapore 573960	50, Pukit Buffle St 23, #01-18 Midulew Building Singapore 659578		
	^	10212 111.11		

6655 0005 Tel no.

Signature

BY: DBS 308849