

**ASSIGNMENT**

Surveyor: MARCUS

DOI: 01/02/2021

Date / Time : 01/02/2021

Registered in Merimen: 01/02/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMR 267Z

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 29/01/2021

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**

**SJK 5090E**



INSRS: WSP: CHOO MOTOR  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time        | STAGE   | DATE / PIC   |
|-------------------|---|--|
|                   | SJK 5090E : CC6/LPC16007545/Upa3n2 ; DOA : 25/04/2016 |  |
|                   | SMR 267Z : X  |  |
|                   | Non-Reporting ltr (1st):                              |  |
|                   | Non-Reporting ltr (2nd):                              |  |
|                   | Non-Reporting ltr (Final):                            |  |
|                   | Notification ltr (if non-pickup):                     |  |
|                   | Call OI:  |  |
|                   | After call ltr to OI:                                 |  |
|                   | <b>Documentation Check List: Handler Typist</b>       |  |
|                   | Notification ltr (if non-pickup)                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | After call ltr to OI:                                 | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | Authorisation To Act:                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Release Voucher:                                      | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Final Repair Bill:                                    | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Car Rental Invoice:                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Towing Invoice  | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | LTA / GIA :   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Medical Bill:   | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | PIR:  | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | Mandate/Reject Instruction:                           | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | LOD   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Payment Breakdown Form:                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | Post-Repair Photos:                                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | Others:   | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>13/04/2021</b> | <b>SETTLED AND CLOSED / NO PHY FILE</b>               |  |

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:   Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Repair Cost: L/S S\$ 5,500.00 ( 5 days) Reduction: 78.69 % Email  Call

**FINAL SETTLEMENT** Date/Time: 12/04/2021 Confirm with SHI YING Email  Call   
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 5,885.00  
Loss of Rental (LOR): S\$ 400.00 ( 4 days) X \$100.00

Loss of Use (LOU): S\$ \_\_\_\_\_ (\$ x days)  
Loss of Income (LOI): S\$ \_\_\_\_\_ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search S\$ 7.45

Medical: S\$ \_\_\_\_\_ 1) Claim status: Normal/Reject/Private Settle  
Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent ) 2) Report Format: TP  
Legal Cost S\$ \_\_\_\_\_ 3) Survey fee: \$600.00

**Total:** S\$ 6,292.45 **Global Sum S\$: 6,100.00**

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
Payee 1: S\$ 6,100.00 Name 1: CHOO MOTOR SPRAY PAINTER

Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_