15/5/2010

INS. CASE OWNER:

CC4/GRB21001956/Rga3q2

LKK:

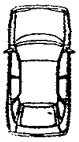
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 09/02/2021 Date / Time : 09/02/2021

Registered in Merimen: 09/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 8472G

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 02/02/2021

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. : MFL2021D0000586

Policy No. : D21MFL0000447

Make / Model :

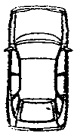
Place of Accident :

Nature of Accident :

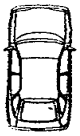
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

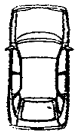
SMS 4814M → → →



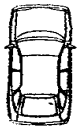
INSRS:
WSP: EUROKARS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMS 4814M : X ; SLR 8472G : 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:	

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: P/P S$ 34,103.40 (25 days) Reduction: 41,799.60 % 55 Email Call

FINAL SETTLEMENT Date/Time: 05/04/2022 Confirm with JUNIOR Email ☑ Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 36,244.43 W/GST (III'S INSTRUCTION)	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 2,960.00 ($ 80 x 37 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$ 167.74	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 240.00 (e.g. Toy / Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $600.00
Total:	**S$** 39,619.62 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal

Payee 1:	S$ 39,619.62	Name 1:	TRANS EUROKARS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	