15/5/2010

INS. CASE OWNER: CC4/GRB21002064/R1bs3

LKK:

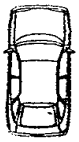
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 23/02/2021 Date / Time : 11/02/2021

Registered in Merimen: 11/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 9289H Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

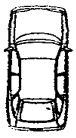
Excess Sec II :S$ D.O.A : 06/02/2021 Place of Accident :

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

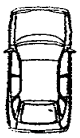
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

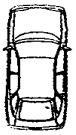
SLA 3200Y → → →



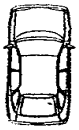
INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLA 3200Y : CS3/SMO18022024/R1cbe2 ; DOA : 26/11/2018
	SLS 9289H : CC4/III18001706/Uhb3q2 ; DOA : 25/01/2018
07/05/2021	SETTLED AND CLOSED / NO PHY FILE

STAGE	DATE / PIC
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$ 7,837.30 (5 days) Reduction: 39.26 % Email Call

FINAL SETTLEMENT Date/Time: 05/05/2021 Confirm with MELAINE Email ✓ Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 8,385.91	
Loss of Rental (LOR): (W/GST)	S$ 428.00 (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: $500.00
Total:	**S$** 8,821.36 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1:	S$ 8,821.36	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	