

ASSIGNMENT

Surveyor:

STEVE

DOI:

15/03/2021

Date / Time :

22/02/2021

Registered in Merimen:

22/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMA 6716U**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **11/02/2021**

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****SMS 8556G**INSRS:
WSP:
Tel : **CYCLE & CARRIAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMS 8556G : X ; SMA 6716U : X		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
			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\$ 5,580.82	(3 days) Reduction: 34.61 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 28/06/2021	Confirm with AMANDA	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 5,971.48			
Loss of Rental (LOR) (W/GST)	S\$ 545.70	(3 days) x \$170.00		
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\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format: TP	
Total:	S\$ 6,517.18	Global Sum S\$:	3) Survey fee: \$350.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 6,517.18	Name 1: Cycle & Carriage Industries Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		