15/5/2010

INS. CASE OWNER: CC4/GRB21003229/R1bs3

LKK:

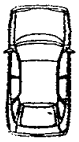
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 12/03/2021 Date / Time : 11/03/2021

Registered in Merimen: 11/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 3892A Claim No. :

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

Insured Tel No. : HP: Make / Model :

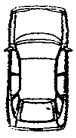
Excess Sec II :S$ D.O.A : 04/03/2021 Place of Accident :

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

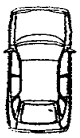
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

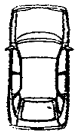
FBH 5256E → → →



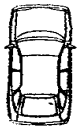
INSRS:
WSP: HKL LIM TEAM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBH 5256E : NBA/INC21003173/Y ; DOA : 04/03/2021
	SLT 3892A : CS/FCI18005661/Uqbn2 ; DOA : 6/03/2018
30/04/2021	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: L/S	S$ 3,150.00 (4 days)	Reduction: 60.02 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 28/04/2021	Confirm with HKL	Email [✓] Cal [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 4(a)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,150.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 120.00 ($ 30 x 4 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 3,270.00	**Global Sum S$:** 3,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Cal [ ]
Payee 1:	S$ 3,200.00	Name 1:	Hkl Lim Team Motorsport
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	