

15/5/2010

INS. CASE OWNER:

CC4/GRB21003281/Kbs3

LKK:

IDAC:

ASSIGNMENTSurveyor: KennethDOI: 18/03/2021Date / Time : 12/03/2021Registered in Merimen: 12/03/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 4122E

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S\$ _____ D.O.A : 07/03/2021

Place of Accident : _____

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : % **Final ? Yes / No**SCY 2188LINSRS:
WSP: KUM CHEW
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SCY 2188L : X ; SLK 4122E : 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 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:	☐ ☐
07/05/2021	REJECT TP CLAIM		
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Email ☐ Call ☐	
Repair Cost: P/P	\$S\$ 800.00 (3 days) Reduction: 77.36 %		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$		
Loss of Rental (LOR):	\$S\$ (days)		
Loss of Use (LOU):	\$S\$ (\$ x days)		
Loss of Income (LOI):	\$S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$	1) Claim status: Normal/Reject/Private Settle	
Medical:	\$S\$	2) Report Format:	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	3) Survey fee: \$250.00	
Legal Cost	\$S\$		
Total:	\$S\$	Global Sum \$S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	\$S\$	Name 1:	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	

