

**ASSIGNMENT**Surveyor: MarcusDOI: 29/03/2021Date / Time : 25/03/2021Registered in Merimen: 25/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLU 5300Z

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 23/03/2021

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** / NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****FBM 5087A**INSRS:  
WSP: **TAN LIM**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                |                                      |                                               |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------|
|                                                                                                                                                                     | FBM 5087A : X                                                  | <b>STAGE</b>                         | <b>DATE / PIC</b>                             |                               |
|                                                                                                                                                                     | SLU 5300Z : CC6/LCR18005737/Ujb3q2 ; DOA : 16/03/2018          | Non-Reporting ltr (1st):             |                                               |                               |
|                                                                                                                                                                     |                                                                | Non-Reporting ltr (2nd):             |                                               |                               |
|                                                                                                                                                                     |                                                                | Non-Reporting ltr (Final):           |                                               |                               |
|                                                                                                                                                                     |                                                                | Notification ltr (if non-pickup):    |                                               |                               |
|                                                                                                                                                                     |                                                                | Call OI:                             |                                               |                               |
|                                                                                                                                                                     |                                                                | After call ltr to OI:                |                                               |                               |
|                                                                                                                                                                     |                                                                | <b>Documentation Check List:</b>     | <b>Handler</b>                                | <b>Typist</b>                 |
|                                                                                                                                                                     |                                                                | Notification ltr (if non-pickup)     | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | After call ltr to OI:                | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Authorisation To Act:                | <input checked="" type="checkbox"/>           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Release Voucher:                     | <input checked="" type="checkbox"/>           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Final Repair Bill:                   | <input checked="" type="checkbox"/>           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Car Rental Invoice:                  | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Towing Invoice                       | <input type="checkbox"/>                      | <input type="checkbox"/>      |
| <b>16/06/2021</b>                                                                                                                                                   | <b>SETTLED AND CLOSED / NO PHY FILE</b>                        | LTA / GIA :                          | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Medical Bill:                        | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | PIR:                                 | <input type="checkbox"/>                      | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Mandate/Reject Instruction:          | <input checked="" type="checkbox"/>           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | LOD                                  | <input checked="" type="checkbox"/>           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                | Payment Breakdown Form:              | <input type="checkbox"/>                      | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                                     | Sent By:                             | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                                                                                                                                     |                                                                |                                      | Others:                                       | <input type="checkbox"/>      |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                                     | Confirm with:                        | Confirm by:                                   |                               |
| Repair Cost: <b>L/S</b>                                                                                                                                             | S\$ <b>1,850.00</b> ( <b>4</b> days) Reduction: <b>58.05</b> % |                                      | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>14/06/2021</b>                                   | Confirm with <b>SHARON TEN</b>       | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                    | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>      |                                      | If NO or B 28, Ass. Lia :                     |                               |
| Repair Cost: (W/GST)                                                                                                                                                | S\$ <b>1,979.50</b>                                            |                                      |                                               |                               |
| Loss of Rental (LOR):                                                                                                                                               | S\$ ( days)                                                    |                                      |                                               |                               |
| Loss of Use (LOU):                                                                                                                                                  | S\$ <b>240.00</b> (\$ <b>30</b> x <b>8</b> days)               |                                      |                                               |                               |
| Loss of Income (LOI):                                                                                                                                               | S\$ (\$ x days)                                                |                                      |                                               |                               |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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: <b>TP</b>                   |                               |
| Legal Cost                                                                                                                                                          | S\$ <b>2,219.50</b>                                            |                                      | 3) Survey fee: <b>\$350.00</b>                |                               |
| <b>Total:</b>                                                                                                                                                       | <b>S\$ 2,219.50</b>                                            | <b>Global Sum S\$:</b>               |                                               |                               |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                     | Confirm with:                        | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                            | S\$ <b>2,219.50</b>                                            | Name 1: <b>Tan Lim Motor Pte Ltd</b> |                                               |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                                            | Name 2:                              |                                               |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                                            | Name 3:                              |                                               |                               |