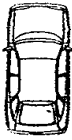


ASSIGNMENTSurveyor: LTGDOI: 13/04/2021Date / Time : 13/04/2021Registered in Merimen: 13/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLM 6993J

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

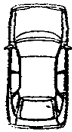
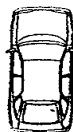
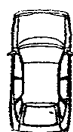
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/04/2021

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****SMS 3676B**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMS 3676B : X	STAGE
	SLM 6993J : NA/AIG21004718/h4 ; DOA : 10/04/2021	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 2,450.00	(5 days) Reduction: 7795.13 % 76
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/10/2021	Confirm with SUANNE
		Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost:	S\$ 2,621.50	W/GST
Loss of Rental (LOR):	S\$ 500.00	(5 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\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$ 3,128.95	Global Sum S\$: 3,100.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 3,100.00	Name 1: BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

1) Claim status: **Normal**/Reject/Private Settle2) Report Format: **TP**3) Survey fee: **\$500.00**