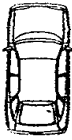


ASSIGNMENTSurveyor: MarcusDOI: 20/04/2021Date / Time : 19/04/2021Registered in Merimen: 19/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLQ 7687R

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

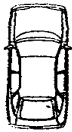
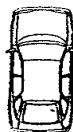
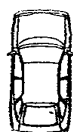
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/04/2021

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****SMF 8758J**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMF 8758J : X	Non-Reporting ltr (1st):	
	SLQ 7687R : CC3/MSG19022722/Uqd3q2 ; DOA : 23/12/2019	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:	☐ ☐
15/06/2021	SETTLED AND CLOSED / NO PHY FILE	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Repair Cost: L/S	S\$ 2,400.00 (4 days) Reduction: 65.56 %		
FINAL SETTLEMENT Date/Time: 09/06/2021 Confirm with JENNY		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,400.00		
Loss of Rental (LOR):	S\$ 300.00 (3 days) X \$100.00	Insured driver drive straight at a U-turn lane only.	
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\$	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\$ 2,707.45 Global Sum S\$: 2,600.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1:	S\$ 2,600.00 Name 1: CHOO MOTOR SPRAY PAINTER		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		