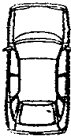|	LKK:
INS. CASE OWNER:	IDAC:

CC4/GRB21005135/Ubs3

ASSIGNMENT

Surveyor: **Marcus**   DOI: 27/04/2021   Date / Time : 26/04/2021

Registered in Merimen: 26/04/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLM 5591S**   Claim No. :
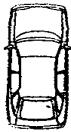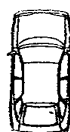
Name of Insured : **GRAB RENTALS PTE LTD**   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/04/2021   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)/ NO

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

SLD 463J ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: EURO SUCCESS	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SLD 463J : X ; SLM 5591S : 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:			

PRELIMINARY ADVICE	Date/Time:		Sent By:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with   Email ☐ Cal ☐

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 + 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:
Legal Cost	S$	3) Survey fee:
Total:	**S$** Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: