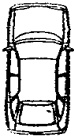


ASSIGNMENTSurveyor: **STEVE**DOI: **10/05/2021**Date / Time : **30/04/2021**Registered in Merimen: **30/04/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLQ 8155C**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

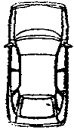
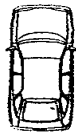
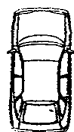
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **26/04/2021**

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****GBH 1408K**INSRS:
WSP: **KUAN QUEK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBH 1408K : X ; SLQ 8155C : 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
			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: L/S	S\$ 1,750.00	(5 days) Reduction: 39.84 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,750.00			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 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\$			
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$	2) Report Format:		
Total:	S\$ 2,250.00	Global Sum S\$: 2,200.00	3) Survey fee: \$350.00 + \$150.00	
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:		