

ASSIGNMENTSurveyor: RASULDOI: 10/05/2021Date / Time : 06/05/2021Registered in Merimen: 06/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLG 5718B

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

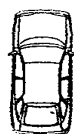
Make / Model : _____

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**SJN 3668LINSRS:
WSP: **ETHOZ**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
	SJN 3668L : X ; SLG 5718B : X		
	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	☐	☐
22/07/2021	Private Settlement with Grab	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\$ 1,650.00 (4 days) Reduction: 43.56 %		Confirm by:	
		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
		Email ☐ Call ☐	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 1765.50		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 320.00 (\$ 80 x 4 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 29.00		
Medical:	S\$	1) Claim status: Normal/Reject Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$2,114.50	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
		Email ☐ Call ☐	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	