

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

11/05/2021

Date / Time :

11/05/2021

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 2422P

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 09/05/2021 14:15Place of Accident : BLK 217 MULTI STOREY CAR PARK (LEVEL 6)

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

SJG 3171PINSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJG 3171P - CC6/AIG12000987/Ka2g2q2 ; 09/01/2012</u>	Non-Reporting ltr (1st):	
	<u>CC7/AIG12002085/Upuk2 ; 28/01/2012</u>	Non-Reporting ltr (2nd):	
	<u>SLW 2422P - NA/TMI20003303/h4 ; 26.02.2020</u>	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:	☐ ☐
<u>09/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/S</u>	S\$ <u>2,300.00</u> (<u>3</u> days) Reduction: <u>60.51</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>07/07/2021</u> Confirm with <u>MS WONG</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>2,461.00</u>		
Loss of Rental (LOR):	S\$ <u>360.00</u> (<u>3</u> days) x \$120.00	<u>Insured driver drive out from stop line</u>	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>2,828.45</u> Global Sum S\$: <u>2,800.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ <u>2,800.00</u>	Name 1: <u>MG Solution Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	