

ASSIGNMENTSurveyor: LTGDOI: 18/05/2021Date / Time : 17/05/2021Registered in Merimen: 17/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLQ 4274TClaim No. : MFL2021D0002307Name of Insured : GRAB RENTALS PTE LTDPolicy No. : D21MFL0000447

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/05/2021

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****GBE 6341B**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 6341B : NA/AIG21005893/r3 ; DOA : 12/05/2021	STAGE
	SLQ 4274T :	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: _____	Confirm by: LTG
FINALIZATION	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Repair Cost: L/S S\$ 9,000.00 (10 days) Reduction: 63 %		
FINAL SETTLEMENT	Date/Time: 11.03.22 Confirm with NUR'IKHWAN	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 9,630.00		OID REAR ENDED TP
Loss of Rental (LOR): S\$ 1,560.00 (13 days) X \$120		
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: \$600
Total: S\$ 11,197.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 11.03.22 Confirm with: NUR'IKHWAN	Email ☐ Call ☐
Payee 1: S\$ 11,197.45	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	