15/5/2010

INS. CASE OWNER: CC4/GRB21006014/Uba3

LKK:

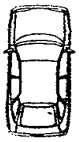
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 21/05/2021 Date / Time : 20/05/2021

Registered in Merimen: 20/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 7186G Claim No. : MFL2021D0002084

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447

Insured Tel No. : HP: Make / Model :

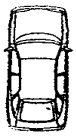
Excess Sec II :S$ D.O.A : 14/05/2021 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

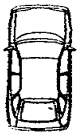
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

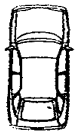
FBN 8687T → → →



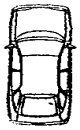
INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBN 8687T : X
	SLJ 7186G : CS3/GAI17002878/Gvbs2 ; DOA : 10/02/2017

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: CKS
Repair Cost: L/S	S$ 1,500.00 (4 days)	Reduction: 76 %	Email Call
FINAL SETTLEMENT	Date/Time: 09.05.22	Confirm with LEE LEE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,500.00	OID REVERSED	AND HIT TP PARKED VEH
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 120.00 ($ 20 x 6 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: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$** 1,620.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 09.05.22	Confirm with: LEE LEE	Email Cal
Payee 1:	S$ 1,620.00	Name 1:	EROFIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	