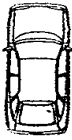


**ASSIGNMENT**Surveyor: BryanDOI: 04/06/2021Date / Time : 02/06/2021Registered in Merimen: 02/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLS 7299S

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

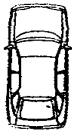
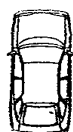
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 01/06/2021

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****SMG 198Y**INSRS:  
WSP: **JWG**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time   |  | STAGE   | DATE / PIC   |
|--|--|---|--|
|  | SMG 198Y : X ; SLS 7299S : 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:   |  |
|  |  | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                                 |
|  |  | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | After call ltr to OI:   | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | Authorisation To Act:   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | Release Voucher:  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | Final Repair Bill:  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | Car Rental Invoice:   | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>11/08/2021</b>  | <b>SETTLED AND CLOSED / NO PHY FILE</b>  | Towing Invoice  | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | LTA / GIA :   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | Medical Bill:   | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | PIR:  | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | Mandate/Reject Instruction:   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | LOD   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|  |  | Payment Breakdown Form:   | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b>  | Date/Time: _____ Sent By: _____  | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/>            |
|  |  | Others:   | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>FINALIZATION</b>  | Date/Time: _____ Confirm with: _____   | Confirm by:   |  |
| Repair Cost: <b>L/S</b>  | S\$ <b>4,450.00</b> ( <b>4</b> days) Reduction: <b>85.34</b> %                       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |  |
| <b>FINAL SETTLEMENT</b>  | Date/Time: <b>10/08/2021</b> Confirm with <b>JWG</b>                                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |
| Final Liability:   | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                           | If NO or B 28, Ass. Lia :   |  |
| Repair Cost: (W/GST)   | S\$ <b>4,761.50</b>  |   |  |
| Loss of Rental (LOR):  | S\$ _____ ( _____ days)  | <b>Insured driver make illegal right turn</b>                           |  |
| Loss of Use (LOU):   | S\$ <b>560.00</b> (\$ <b>80</b> x <b>7</b> days)                                     |   |  |
| Loss of Income (LOI):  | S\$ _____ (\$ _____ x _____ days)  |   |  |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |   |  |
| GIA/LTA Search   | S\$ <b>36.45</b>   |   |  |
| Medical:   | S\$ _____  | 1) Claim status: Normal/Reject/Private Settle                           |  |
| Disbursement:  | S\$ _____ (e.g. Tow/ Independent )   | 2) Report Format: <b>TP</b>   |  |
| Legal Cost   | S\$ _____  | 3) Survey fee: <b>\$600.00</b>  |  |
| <b>Total:</b>  | <b>S\$ 5,357.95</b> <b>Global Sum S\$: 5,350.00</b>                                  |   |  |
| <b>FINAL PAYMENT</b>   | Date/Time: _____ Confirm with: _____   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |  |
| Payee 1:   | S\$ <b>5,350.00</b> Name 1: <b>JWG International Pte Ltd</b>                         |   |  |
| Payee 2: (Strike if N.A.)  | S\$ _____ Name 2: _____  |   |  |
| Payee 3: (Strike if N.A.)  | S\$ _____ Name 3: _____  |   |  |