15/5/2010

INS. CASE OWNER: CC4/GRB21006475/Aes3

LKK:

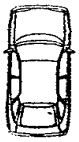
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 08/06/2021 Date / Time : 07/06/2021

Registered in Merimen: 07/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 1759H Claim No. :

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

Insured Tel No. : HP: Make / Model :

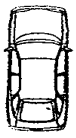
Excess Sec II :S$ D.O.A : 04/06/2021 Place of Accident :

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

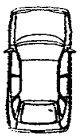
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

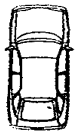
GBD 5283Y → → →



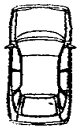
INSRS:
WSP: PREMIUM CARZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBD 5283Y : SLL 1759H : ~~NA/CTI21006415/r3 ; DOA : 04/06/2021~~	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:	
	GRAB MUTUAL SETTLE	LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 2,000 (4 days)	Reduction: 43 %	Email Call
FINAL SETTLEMENT	Date/Time: 05.01.22	Confirm with AUN TENG	Email Cal
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. 14a	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID MOVE OFF SATIONARY, TP OVERTAKE FROM RIGHT	
Loss of Rental (LOR):	S$ (days)		
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$		
Medical:	S$		1) Claim status: ~~Normal/Reject~~t/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350
Total:	**S$**	**Global Sum S$:**	4) Mutual Fee: $150
FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	