

ASSIGNMENT

Surveyor: Taufikh

DOI: 21/07/2021

Date / Time : 21/07/2021

Registered in Merimen: 21/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 2506C

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 16/07/2021

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**

SHC 6381A



INSRS: _____
WSP: **PREMIER**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SHC 6381A : CS/FC119008083/K1td3n2 ; DOA : 03/05/2019	
	SLS 2506C : 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:	
	Documentation Check List: Handler Typist	
	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 type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
29/09/2021	Private Settlement with Grab	
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: <input type="checkbox"/>	<input type="checkbox"/>
			Others: <input type="checkbox"/>	<input type="checkbox"/>

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/S	\$S 1,000.00	(2 days) Reduction: 71.31 %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	Email <input type="checkbox"/> Cal <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :

Repair Cost: (W/GST)	\$S 1,070.00	
Loss of Rental (LOR):	\$S 121.98 (2 days) X \$60.99	
Loss of Use (LOU):	\$S _____ (\$ _____ x _____ days)	
Loss of Income (LOI):	\$S 80.00 (\$ 40 x 2 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>		[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:
Legal Cost	\$S _____	3) Survey fee: \$350.00 + \$150.00

Total:	\$S 1,279.43	Global Sum \$S: 1,200.00
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FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Cal <input type="checkbox"/>
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Payee 1:	\$S _____	Name 1: _____
Payee 2: (Strike if N.A.)	\$S _____	Name 2: _____
Payee 3: (Strike if N.A.)	\$S _____	Name 3: _____