

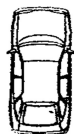
15/5/2010

INS. CASE OWNER:

CC4/GRB21007965/T1es3

LKK:

IDAC:

ASSIGNMENTSurveyor: TaufikhDOI: 27/07/2021Date / Time : 27/07/2021Registered in Merimen: 27/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLQ 8313M

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

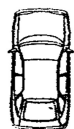
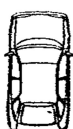
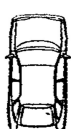
Make / Model : _____

Excess Sec II : \$ D.O.A : 26/07/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SHC 6047RINSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 6047R : CC4/AIG21003864/T1rs3 ; DOA : 25/03/2021 SLQ 8313M : X		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
			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: MTH	
Repair Cost: P/P	\$S 847.40	(2 days' Reduction: 76 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 21.10.21	Confirm with SHAWAWATI	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 906.72	OID REAR ENDED TP		
Loss of Rental (LOR):	\$S 189.70	(3.5 days) X \$54.20		
Loss of Use (LOU):	\$S -	(\$ x days)		
Loss of Income (LOI):	\$S -	(\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐	[Tick only one]			
GIA/LTA Search	\$S 7.49			
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 1,103.91	Global Sum S\$: 1,100.00		
FINAL PAYMENT	Date/Time: 21.10.21	Confirm with: SHAWAWATI	Email ☐	Call ☐
Payee 1:	\$S 1,100.00	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		