

15/5/2010

INS. CASE OWNER:

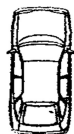
CC4/GRB21008042/Ees3

LKK:

IDAC:

Surveyor: STEVE DOI: 29/07/2021Date / Time : 29/07/2021Registered in Merimen: 29/07/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 2573Y

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ 09/07/2021

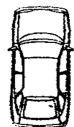
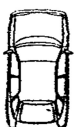
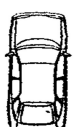
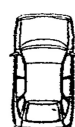
Place of Accident : _____

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**SLS 2197K →INSRS:
WSP:
Tel : CYCLE & CARRIAGE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLS 2197K : X ; SLU 2573Y : 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: <u>CTY</u>	
Repair Cost: <u>P/P</u>	\$S <u>8,291.00</u>	(<u>4</u> days' Reduction: <u>30</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>04.10.21</u>	Confirm with <u>LARRY</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S <u>8,871.37</u>	<u>OID CHANGED LANE HIT TP</u>		
Loss of Rental (LOR) <u>w/GST</u>	\$S <u>749.00</u>	(<u>7</u> days) <u>X \$100</u>		
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 <u>7.45</u>			
Medical:	\$S <u>216.10</u>			
Disbursement:	\$S -	(e.g. Tow/ Independent)	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Legal Cost	\$S -		2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$500</u>	
Total:	\$S <u>9,843.92</u>	Global Sum \$S:		
FINAL PAYMENT	Date/Time: <u>04.10.21</u>	Confirm with: <u>LARRY</u>	Email ☐	Call ☐
Payee 1:	\$S <u>9,843.92</u>	Name 1: <u>CYCLE & CARRIAGE KIA PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		