

15/5/2010

INS. CASE OWNER:

CC4/GRB21008099/Ues3

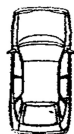
LKK:

IDAC:

INSURANCE ASSIGNMENT

Surveyor: MarcusDOI: 02/08/2021Date / Time : 30/07/2021Registered in Merimen: 30/07/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 4524M

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/07/2021

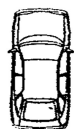
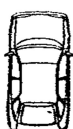
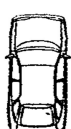
Place of Accident : _____

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**GBA 6089BINSRS:
WSP: JIN AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBA 6089B : X SLN 4524M : CC4/GRB21006758/Kbs3q2 ; DOA : 14/06/2021	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: CKS		
Repair Cost: L/S S\$ 4,500.00	(4 days' Reduction: 50 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 08.09.21 Confirm with JOUIS	Email ☐	Call ☐
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,815.00	OID REAR ENDED TP		
Loss of Rental (LOR): S\$ 300.00	(3 days) X \$100		
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\$ -			
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settlement	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$350	
Total: S\$ 5,115.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 08.09.21 Confirm with: JOUIS	Email ☐	Call ☐
Payee 1: S\$ 5,115.00	Name 1: JIN AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		