15/5/2010

INS. CASE OWNER: CC4/GRB21008176/Aea3

LKK:

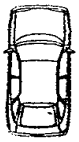
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 03/08/2021 Date / Time : 03/08/2021

Registered in Merimen: 03/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 9639D Claim No. : MFL2021D0003259

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447

Insured Tel No. : HP: Make / Model :

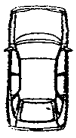
Excess Sec II :S$ D.O.A : 29/07/2021 Place of Accident :

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

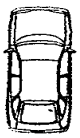
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

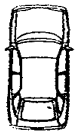
SJK 4117U → → →



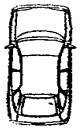
INSRS:
WSP: ACE AUTOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJK 4117U : X ; SMV 9639D : 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	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:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: LWP

Repair Cost: L/S S$ 4,500.00 (6 days) Reduction: 60 % Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time: 18.07.22 Confirm with CRYSTAL	Email [ ] Cal [ ]
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,500.00	OID REAR ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 days)	
Loss of Income (LOI):	S$ ✓ - ($ x days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LO [ ]	[**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: TP
Legal Cost	S$ -	3) Survey fee: $500
Total:	**S$** 4,987.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 18.07.22 Confirm with: CRYSTAL Email [ ] Cal [ ]

Payee 1:	S$ 4,987.45	Name 1:	ACE AUTOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	