15/5/2010

INS. CASE OWNER: CC4/GRB21008240/Tea3

LKK:

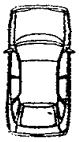
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 05/08/2021 Date / Time : 04/08/2021

Registered in Merimen: 04/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 9216U Claim No. :

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

Insured Tel No. : HP: Make / Model :

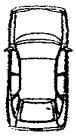
Excess Sec II :S$ D.O.A : 02/08/2021 Place of Accident :

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

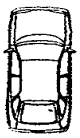
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

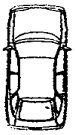
SJL 3657D → → →



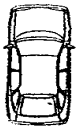
INSRS:
WSP: AP
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJL 3657D : CC6/AIG17001438/Awb3q2 ; DOA : 20/01/2017	**STAGE** **DATE / PIC**
	SLN 9216U : 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)
		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:
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 3,900.00 (6 days)	Reduction: 85 %	Email Call
FINAL SETTLEMENT	Date/Time: 02.06.22	Confirm with	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,173.00	OID REVERSED	AND HIT TP
Loss of Rental (LOR): w/GST	S$ 856.00 (8 days)	x $100	
Loss of Use (LOU):	S$ - ($ x 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: $600
Total:	**S$** 5,036.45	**Global Sum S$:** 5,030.00	
FINAL PAYMENT	Date/Time: 02.06.22	Confirm with:	Email Cal
Payee 1:	S$ 5,030.00	Name 1:	AP AUTOMOTIVE SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	