15/5/2010

INS. CASE OWNER: CC4/GRB21008274/Abs3

LKK:

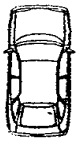
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 06/08/2021 Date / Time : 05/08/2021

Registered in Merimen: 05/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 2015L Claim No. :

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

Insured Tel No. : HP: Make / Model :

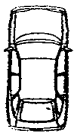
Excess Sec II :S$ D.O.A : 05/08/2021 Place of Accident :

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

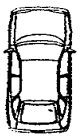
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

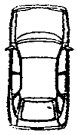
SLH 6189R → → →



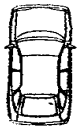
INSRS:
WSP: KT MOTORWERK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLH 6189R : X ; SLV 2015L : 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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:		Confirm with:	Confirm by: LWP	
Repair Cost: L/S	S$ 6,500.00	(6 days)	Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09.05.22		Confirm with JOHN	Email ☐ Cal ☐	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 6,500.00			OID ENCROACHED INTO TP LANE	
Loss of Rental (LOR):	S$ 600.00	(6 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$ 70.00	(e.g. Tow/~~Independent~~)		2) Report Format: TP	
Legal Cost	S$ -			3) Survey fee: $600	
Total:	**S$** 7,177.45	**Global Sum S$:**			
FINAL PAYMENT	Date/Time: 09.05.22		Confirm with: JOHN	Email ☐ Cal ☐	
Payee 1:	S$ 7,177.45	Name 1:	KT MOTORWERK		
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			