

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

XGQ

DOI:

10/08/2021

Date / Time :

06/08/2021

Registered in Merimen:

06/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLM 1558R**Claim No. : **MFL2021D0003329**Name of Insured : **GRAB RENTALS PTE LTD**Policy No. : **D21MFL0000447**

Insured Tel No. : _____ HP: _____

Make / Model : _____

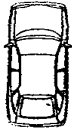
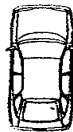
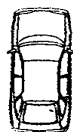
Excess Sec II :S\$ _____ D.O.A : **05/08/2021**

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****SMZ 3444S**INSRS:
WSP: **ELITE AM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
	SMZ 3444S : X ; SLM 1558R : X		
	- Please check / verify OID DL		
	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: XGQ
Repair Cost: L/S	S\$ 4,400.00	(4 days) Reduction: 70 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04.07.22	Confirm with CHRISTY	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 4,708.00	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: \$600
Total:	S\$ 5,195.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 04.07.2022	Confirm with: CHRISTY	Email ☐ Call ☐
Payee 1:	S\$ 5,195.45	Name 1: ELITE AM PTE. LTD.	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	