15/5/2010

INS. CASE OWNER: CC4/GRB21008319/Kea3

LKK:

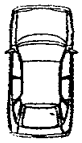
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/08/2021 Date / Time : 06/08/2021

Registered in Merimen: 07/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 8345X Claim No. :

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

Insured Tel No. : HP: Make / Model : MAZDA3 SEDAN 1.5 AT EU6

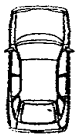
Excess Sec II :S$ D.O.A : 04/08/2021 14:40 Place of Accident :

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

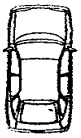
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

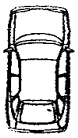
SHD 9875S → → →



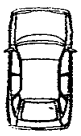
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 9875S - CC3/AIG14009556/Kka3q2-1; 17/05/2014	Non-Reporting ltr (1st):	
	CC3/AIG14009556/Kna3q2; 17/05/2014	Non-Reporting ltr (2nd):	
	CC3/FCI20000538/Kpa3q2 ; 05/01/2020	Non-Reporting ltr (Final):	
	SLQ 8345X - X	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: KSC

Repair Cost: P/P S$ 2,175.28 (2 days) Reduction: 64 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25.02.22 Confirm with WAI YIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,327.54	OID EXIT PARKING LOT HIT TP
Loss of Rental (LOR):	S$ 577.80 (6 days) x $96.30	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 240.00 ($ 40 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**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: $350
Total:	**S$** 3,152.79 **Global Sum S$:** 3,150.00	

FINAL PAYMENT Date/Time: 25.02.22 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 3,150.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	