

ASSIGNMENTSurveyor: TaufikhDOI: 11/08/2021Date / Time : 11/08/2021Registered in Merimen: 11/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLJ 3683P

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

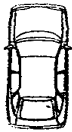
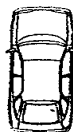
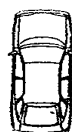
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/08/2021

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No**SLB 4920R →INSRS:
WSP: **MAX MOTORS**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLB 4920R : X ; SLJ 3683P : 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	☐ ☐
30/09/2021	SETTLED AND CLOSED / NO PHY FILE	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: _____	
Repair Cost: L/S S\$ 2,100.00 (4 days) Reduction: 73.10 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 29/09/2021 Confirm with: GAVIN		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia : _____		
Repair Cost: S\$ 2,100.00			
Loss of Rental (LOR): S\$ 600.00 (4 days) X \$150.00			
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: \$350.00		
Total: S\$ 2,707.45 Global Sum S\$: 2,600.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1: S\$ 2,600.00	Name 1: MAX MOTORS		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		