

ASSIGNMENTSurveyor: MarcusDOI: 16/08/2021Date / Time : 13/08/2021Registered in Merimen: 13/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMM 6406B

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

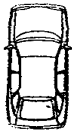
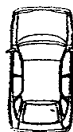
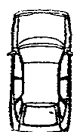
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/08/2021

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****SDL 7899S**INSRS:
WSP: **ABWIN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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Tel :
Liability :
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Date/ Time																																																
	SDL 7899S : NA/INC14015624/b4 ; DOA : 15/08/2014 SMM 6406B : X	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input checked="" type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/> <input type="checkbox"/></td></tr> </tbody> </table>	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)	<input type="checkbox"/> <input type="checkbox"/>	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>	PIR:	<input type="checkbox"/> <input type="checkbox"/>	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	Others:	<input type="checkbox"/> <input type="checkbox"/>
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21/09/2021	SETTLED AND CLOSED / NO PHY FILE																																															
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____																																																
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____																																																
Repair Cost: L/S	S\$ 4,150.00 (7 days) Reduction: 74.95 %	Email <input type="checkbox"/> Call <input type="checkbox"/>																																														
FINAL SETTLEMENT Date/Time: 21/09/2021 Confirm with Hazel Chng Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																																
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%																																														
Repair Cost: (W/GST)	S\$ 4,440.50																																															
Loss of Rental (LOR):	S\$ 900.00 (5 days) X \$180.00	Insured driver involve in 3 vehicle chain collision ; insured driver is last car.																																														
Loss of Use (LOU):	S\$ (\$ x days)																																															
Loss of Income (LOI):	S\$ (\$ x days)																																															
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]																																																
GIA/LTA Search	S\$ 7.45																																															
Medical:	S\$																																															
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle																																														
Legal Cost	S\$	2) Report Format: TP																																														
Total:	S\$ 5,347.95 Global Sum S\$: 5,300.00	3) Survey fee: \$600.00																																														
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>																																																
Payee 1:	S\$ 5,300.00 Name 1: Abwin Service Pte Ltd																																															
Payee 2: (Strike if N.A.)	S\$ Name 2:																																															
Payee 3: (Strike if N.A.)	S\$ Name 3:																																															