

15/5/2010

INS. CASE OWNER:

CC4/GRB21008577/Ab3

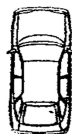
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 16/08/2021Date / Time : 16/08/2021Registered in Merimen: 16/08/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMM 9479X

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ _____ D.O.A : 14/08/2021

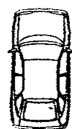
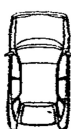
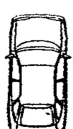
Place of Accident : _____

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**

SCE 1277A

INSRS:
WSP: RYDER AUTO
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SCE 1277A : X SMM 9479X : NA/INC20014737/z4 ; DOA : 29/12/2020		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
			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: <u>LWP</u>	
Repair Cost:	<u>L/S</u> \$S\$ <u>4,400.00</u>	(<u>5</u> days' Reduction: <u>44</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>01.11.21</u>	Confirm with: <u>ZEPH</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> \$S\$ <u>4,708.00</u>	<u>OID DRIVE STR AT LH TURN ONLY</u>		
Loss of Rental (LOR):	\$S\$ -	(_____ days)		
Loss of Use (LOU):	\$S\$ <u>480.00</u>	(\$ <u>80</u> x <u>6</u> days)		
Loss of Income (LOI):	\$S\$ -	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐	[Tick only one]	
GIA/LTA Search	\$S\$ <u>36.45</u>			
Medical:	\$S\$ -			
Disbursement:	\$S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ <u>Reject/Dispute/Settle</u>	
Legal Cost	\$S\$ -	2) Report Format: <u>TP</u>		
		3) Survey fee: <u>\$350</u>		
Total:	\$S\$ <u>5,224.45</u>	Global Sum \$S\$: <u>5,200.00</u>		
FINAL PAYMENT	Date/Time: <u>01.11.21</u>	Confirm with: <u>ZEPH</u>	Email ☐	Call ☐
Payee 1:	\$S\$ <u>5,200.00</u>	Name 1: <u>RYDER AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		