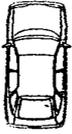|		e	LKK:
INS. CASE OWNER:	**CC4/GRB21008660/R1/s3**		IDAC:

ASSIGNMENT

Surveyor: **RASUL** DOI: **18/08/2021**   Date / Time : **18/08/2021**

Registered in Merimen: **18/08/2021**
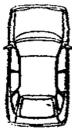
Pre-assign / CCU / FTE

Insured Vehicle No. : **SLS 9308L**   Claim No. : _____

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

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A :**11/08/2021**   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**
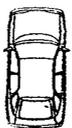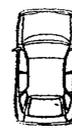
SKL 7829L ⟶ _____ ⟶ _____ _____ ⟶ _____
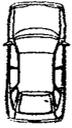
INSRS: WSP: **KAH MOTOR** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKL 7829L : X SLS 9308L : CS/GRB21008442/Auf3 ; DOA : 10/08/2021	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)	☐ ☐
		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: **MRB**

Repair Cost: **P/P** S$ **8,932.21** (**6** days) Reduction: **25** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **09.11.21** Confirm with **DESMOND** Email ☐ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **9c**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ 8,932.21	**OID TURNING INTO THE MAIN ROAD HIT TP**
Loss of Rental (LOR **w/GST**)	S$ **898.80** (**7** days) X $120	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ -	
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: **$500**
Total:	S$ 9,831.01 **Global Sum S$:**	

FINAL PAYMENT Date/Time: **09.11.21** Confirm with: **DESMOND** Email ☐ Cal ☐

Payee 1:	S$ **9,831.01**	Name 1:	**KAH MOTOR CO SDN BERHAD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	