15/5/2010

INS. CASE OWNER:

CC4/GRB21008824/Dea3

LKK:

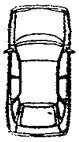
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 24/08/2021 Date / Time : 23/08/2021

Registered in Merimen: 23/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 1027G Claim No. : MFL2021D0003563

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447

Insured Tel No. : HP: Make / Model :

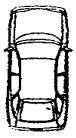
Excess Sec II :S$ D.O.A :19/08/2021 Place of Accident :

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

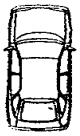
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

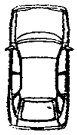
SHA 7012U → → →



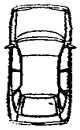
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 7012U : CC3/III18022851/Kga3q2 ; DOA : 15/12/2018
	SLM 1027G : NA/INC19001642/Cz4 ; DOA : 22/01/2019
	- Please check / verify OID DL

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: ABT

Repair Cost: P/P S$ 20,481.76 (10 days) Reduction: 34 % Email Call

FINAL SETTLEMENT Date/Time: 03.06.22 Confirm with MR YEE Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 21,915.48 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 1,251.90 (10 days) x $125.19	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 400.00 ($ 40 x 10 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$ 80.00 (e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $600
Total:	**S$** 23,654.83 **Global Sum S$:** 22,000.00	

FINAL PAYMENT Date/Time: 03.06.22 Confirm with: MR YEE Email Cal

Payee 1:	S$ 22,000.00	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	