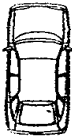


**ASSIGNMENT**Surveyor: OSPDOI: 19/02/2021Date / Time : 19/02/2021Registered in Merimen: 19/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLR 4458A

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

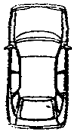
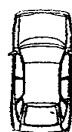
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 25/08/2021

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**SLU 5643J →INSRS:  
WSP: **PKS**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                                 |                                                         |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                            | SLU 5643J : <u>NAVEQI21002201/h4 ; DOA : 13/02/2021</u> | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                            | SLR 4458A :                                             | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                            |                                                         | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                            |                                                         | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                            |                                                         | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                            |                                                         | Call OI:                                                                           |
|                                                                                                                                                                            |                                                         | After call ltr to OI:                                                              |
|                                                                                                                                                                            |                                                         | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                            |                                                         | 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 type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                                                            |                                                         | Release Voucher: <input type="checkbox"/> <input type="checkbox"/>                 |
|                                                                                                                                                                            |                                                         | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>               |
|                                                                                                                                                                            |                                                         | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                            |                                                         | Towing Invoice <input type="checkbox"/> <input type="checkbox"/>                   |
|                                                                                                                                                                            |                                                         | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>                      |
|                                                                                                                                                                            |                                                         | Medical Bill: <input type="checkbox"/> <input type="checkbox"/>                    |
|                                                                                                                                                                            |                                                         | PIR: <input type="checkbox"/> <input type="checkbox"/>                             |
|                                                                                                                                                                            |                                                         | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>      |
|                                                                                                                                                                            |                                                         | LOD <input type="checkbox"/> <input type="checkbox"/>                              |
|                                                                                                                                                                            |                                                         | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                       | Sent By:                                                | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                            |                                                         | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                             | Confirm with:                                           | Confirm by: <b>OSP</b>                                                             |
| Repair Cost: <b>L/S</b> S\$ <b>16,000.00</b> ( <b>8</b> days) Reduction: <b>57</b> %                                                                                       |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>13.09.21</b> Confirm with <b>SHARON</b>                                                                                              |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                                                                                |                                                         | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: S\$ <b>16,000.00</b>                                                                                                                                          |                                                         | <b>OID BEATS RED LIGHT HIT TP</b>                                                  |
| Loss of Rental (LOR): S\$ <b>1,200.00</b> ( <b>12</b> days) X \$100                                                                                                        |                                                         |                                                                                    |
| 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"/> <b>[Tick only one]</b> |                                                         | <b>*CANCEL INVOICE AC2104958 // NO PAYMENT YET</b>                                 |
| GIA/LTA Search S\$ <b>7.45</b>                                                                                                                                             |                                                         |                                                                                    |
| Medical: S\$ -                                                                                                                                                             |                                                         | 1) Claim status: Normal/ <del>Reject/Printed</del> <b>Settle</b>                   |
| Disbursement: S\$ - (e.g. Tow/ Independent )                                                                                                                               |                                                         | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ -                                                                                                                                                           |                                                         | 3) Survey fee: <b>\$600</b>                                                        |
| <b>Total:</b> S\$ <b>17,207.45</b> <b>Global Sum S\$:</b>                                                                                                                  |                                                         |                                                                                    |
| <b>FINAL PAYMENT</b> Date/Time: <b>13.09.21</b> Confirm with: <b>SHARON</b>                                                                                                |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1: S\$ <b>17,207.45</b> Name 1: <b>PKS AUTOMOTIVE PTE LTD</b>                                                                                                        |                                                         |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                      |                                                         |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                      |                                                         |                                                                                    |