	LKK:
INS. CASE OWNER:	**CC4/GRB21008937/Ges3**	IDAC:

ASSIGNMENT

Surveyor: **XGQ** DOI: **25/08/2021**   Date / Time : **25/08/2021**

Registered in Merimen: **25/08/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLS 8209X**   Claim No. :

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

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **22/08/2021**   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

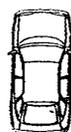Driver Tel No. :   (V/L: **YES** / NO) Insured Liability : % **Final ? Yes / No**

SLD 8851U ⟶   ⟶   ⟶
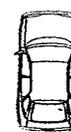
INSRS:	INSRS:	INSRS:	INSRS:
WSP: **VIN'S MOTOR**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLD 8851U : X ; SLS 8209X : X	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: **XGQ**

Repair Cost: **P/P** S$ **5,306.90** (**4** days) Reduction: **31** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **07.01.22** Confirm with **RAYMOND** Email ☐ Cal ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S$ **5,678.38**   **OID REAR ENDED TP**

Loss of Rental (LOR): S$ **1,120.00** (**7** days) **x $160**

Loss of Use (LOU): S$ **-** ($ x days)

Loss of Income (LOI): S$ **-** ($ x 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$ **-** (e.g. Tow/ Independent) 2) Report Format: **TP**

Legal Cost S$ **-** 3) Survey fee: **$350**

Total: S$ **6,805.83** **Global Sum S$:** **6,800.00**

FINAL PAYMENT Date/Time: **07.01.22** Confirm with: **RAYMOND** Email ☐ Cal ☐

Payee 1: S$ **6,800.00** Name 1: **VIN'S MOTOR PTE LTD**

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3: