

INS. CASE OWNER:

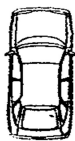
IDAC:

CC4/GRB21009011/R1ea3

ASSIGNMENT

Surveyor: RASULDOI: 27/09/2021Date / Time : 26/08/2021Registered in Merimen: 27/08/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 8941E

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 07:30

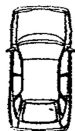
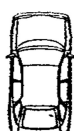
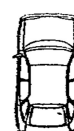
Place of Accident : _____

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**SJD 7192TINSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJD 7192T - X	SLP 8941E - X	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>MRB</u>	
Repair Cost: <u>P/P</u>	S\$ <u>3,640.45</u>	(<u>3</u> days) Reduction: <u>43%</u>	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>15.11.21</u>	Confirm with: <u>EVELYN</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,895.28</u>	<u>OID REAR ENDED TP</u>		
Loss of Rental (LOR):	S\$ <u>-</u>	(<u> </u> days)		
Loss of Use (LOU):	S\$ <u>120.00</u>	(\$ <u>60</u> x <u>2</u> days)		
Loss of Income (LOI):	S\$ <u>-</u>	(\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ <u>-</u>		1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Disbursement:	S\$ <u>-</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>		3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>4,022.73</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>15.11.21</u>	Confirm with: <u>EVELYN</u>	Email ☐	Call ☐
Payee 1:	S\$ <u>4,022.73</u>	Name 1: <u>PERFORMANCE MOTORS LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		