15/5/2010

INS. CASE OWNER:

CC4/GRB21009092/R1gs3

LKK:

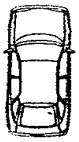
IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 30/08/2021 Date / Time : 30/08/2021

Registered in Merimen: 30/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 6930S Claim No. :

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

Insured Tel No. : HP: Make / Model :

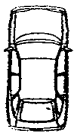
Excess Sec II :S$ D.O.A : 30/08/2021 Place of Accident :

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

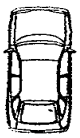
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

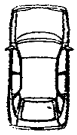
SJU 2418L → → →



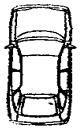
INSRS:
WSP: AUTOMOTIVE REPAIR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJU 2418L : X	**STAGE** **DATE / PIC**
	SMA 6930S : CC4/GRB21007878/T1bs3 ; DOA : 21/07/2021	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:
Repair Cost: L/S	S$ $2,600.00 (7 days)	Reduction: $7,540.00 % 74	Email Call
FINAL SETTLEMENT	Date/Time: 16/11/2021	Confirm with shu juan	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 2,782.00	W/GST	
Loss of Rental (LOR):	S$ 428.00 (4 days)	x $107.00 W/GST	C.C (OI LAST)
Loss of Use (LOU):	S$ ($ 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: $500.00
Total:	**S$** 3,217.45	**Global Sum S$:** 3,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal
Payee 1:	S$ 3,200.00	Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	