15/5/2010

INS. CASE OWNER: CC4/GRB21009119/Bga3

LKK:

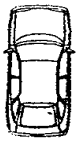
IDAC:

ASSIGNMENT

Surveyor: LTG DOI: 23/09/2021 Date / Time : 31/08/2021

Registered in Merimen: 31/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 5273B Claim No. : MFL2021D0003679

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

Insured Tel No. : HP: Make / Model :

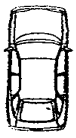
Excess Sec II :S$ D.O.A : 27/08/2021 Place of Accident : CTE NEAR EXIT 7C

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

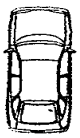
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

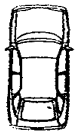
SJY 5488T → → →



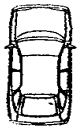
INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJY 5488T : CS3/AIG14011435/R1a3c3 ; DOA : 09/06/2014	**STAGE** **DATE / PIC**
	SLJ 5273B : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
CLAIMANT -	KIANG KEEN HIONG (GONG JIAN XIONG)	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	TPV: BMW X1 - 1499cc	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 :
15/08/2022	3 DAYS NOTICE TO TP - NO FURTHER DEVELOPMENT. SUBMIT WP. ADMIN TO CLOSE	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$ 3800.00 (4 days) Reduction: 2759.89	% 42	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		III'S INSTRUCTION - TP COMPLETE CHANGE OF LANE, LEADING OI TO COLLIDE ONTO TPV.
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Cal

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	