15/5/2010

INS. CASE OWNER: CC6/GRB21009275/Aes3

LKK:

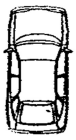
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 03/09/2021 Date / Time : 03/09/2021

Registered in Merimen: 03/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 4164X Claim No. :

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

Insured Tel No. : HP: Make / Model :

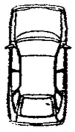
Excess Sec II :S$ D.O.A : 02/09/2021 Place of Accident :

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

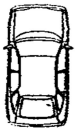
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

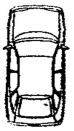
SKH 1816J → → →



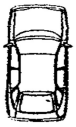
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKH 1816J : CS/MSG15005479/M1qbu2 ; DOA : 31/03/2015	**STAGE** **DATE / PIC**
	SLW 4164X : 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: LWP
Repair Cost: L/S	S$ 10,200.00 (12 days)	Reduction: 68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.01.22	Confirm with JASON	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 10,200.00		OID REAR ENDED TP
Loss of Rental (LOR):	S$ 700.00 (7 days)	x $100	
Loss of Use (LOU):	S$ - ($ 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$ 120.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600
Total:	**S$** 11,027.45	**Global Sum S$:** 11,000.00	
FINAL PAYMENT	Date/Time: 07.01.22	Confirm with: JASON	Email ☐ Cal ☐
Payee 1:	S$ 11,000.00	Name 1: CHOO MOTOR SPRAY PAINTER	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	