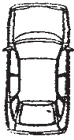


**ASSIGNMENT**Surveyor: RasulDOI: 07/10/2021Date / Time : 03/09/2021Registered in Merimen: 03/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLT 4716U

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

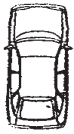
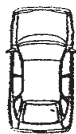
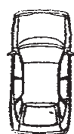
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 31/08/2021

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** / NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**SJZ 3314U → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_INSRS:  
WSP: VIN'S MOTOR  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SJZ 3314U : X ; SLT 4716U : 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:                                        |                              |
|                                                                                |                                    |                                                   | <b>Documentation Check List:</b>                             | <b>Handler</b>               |
|                                                                                |                                    |                                                   | Notification ltr (if non-pickup)                             | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | After call ltr to OI:                                        | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Authorisation To Act:                                        | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Release Voucher:                                             | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Final Repair Bill:                                           | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Car Rental Invoice:                                          | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Towing Invoice                                               | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | LTA / GIA :                                                  | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Medical Bill:                                                | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | PIR:                                                         | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Mandate/Reject Instruction:                                  | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | LOD                                                          | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Payment Breakdown Form:                                      | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Post-Repair Photos:                                          | <input type="checkbox"/>     |
|                                                                                |                                    |                                                   | Others:                                                      | <input type="checkbox"/>     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                                          | Confirm by: <b>MRB</b>                                       |                              |
| <b>FINALIZATION</b>                                                            | Date/Time:                         | Confirm with:                                     | Email <input type="checkbox"/> Call <input type="checkbox"/> |                              |
| Repair Cost: <b>L/S</b>                                                        | S\$ <b>2,350.00</b>                | ( <b>3</b> days) Reduction: <b>42</b> %           |                                                              |                              |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>07.01.22</b>         | Confirm with <b>RAYMOND</b>                       | Email <input type="checkbox"/>                               | Cal <input type="checkbox"/> |
| Final Liability:                                                               | % <b>100</b>                       | (Agreed / Assessed) BOLA S/N No. : <b>27</b>      | If NO or B 28, Ass. Lia :                                    |                              |
| Repair Cost: <b>w/GST</b>                                                      | S\$ <b>2,514.50</b>                | <b>OID REAR ENDED TP</b>                          |                                                              |                              |
| Loss of Rental (LOR):                                                          | S\$ <b>900.00</b>                  | ( <b>5</b> days) x \$180                          |                                                              |                              |
| Loss of Use (LOU):                                                             | S\$ <b>-</b>                       | (\$ x days)                                       |                                                              |                              |
| Loss of Income (LOI):                                                          | S\$ <b>-</b>                       | (\$ x days)                                       |                                                              |                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LO <input type="checkbox"/> [Tick only one] |                                                              |                              |
| GIA/LTA Search                                                                 | S\$ <b>7.45</b>                    |                                                   |                                                              |                              |
| Medical:                                                                       | S\$ <b>-</b>                       |                                                   | 1) Claim status: Normal/ <del>Reject/Private Settle</del>    |                              |
| Disbursement:                                                                  | S\$ <b>-</b>                       | (e.g. Tow/ Independent )                          | 2) Report Format: <b>TP</b>                                  |                              |
| Legal Cost                                                                     | S\$ <b>-</b>                       |                                                   | 3) Survey fee: <b>\$350</b>                                  |                              |
| <b>Total:</b>                                                                  | S\$ <b>3,421.95</b>                | <b>Global Sum S\$:</b> <b>3,400.00</b>            |                                                              |                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: <b>07.01.22</b>         | Confirm with: <b>RAYMOND</b>                      | Email <input type="checkbox"/>                               | Cal <input type="checkbox"/> |
| Payee 1:                                                                       | S\$ <b>3,400.00</b>                | Name 1: <b>VIN'S MOTOR PTE LTD</b>                |                                                              |                              |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                           |                                                              |                              |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                           |                                                              |                              |