15/5/2010

INS. CASE OWNER: CC6/GRB21009357/Ues3

LKK:

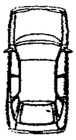
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 06/09/2021 Date / Time : 06/09/2021

Registered in Merimen: 06/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 4793H Claim No. :

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

Insured Tel No. : HP: Make / Model :

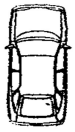
Excess Sec II :S$ D.O.A : 30/08/2021 Place of Accident :

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

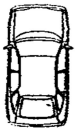
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

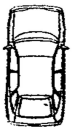
FBD 4955Z → → →



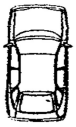
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FBD 4955Z : X	**STAGE**	**DATE / PIC**
	SLM 4793H : CC4/GRB21001063/Kbs3q2 ; DOA : 20/01/2021	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:	
	III RECOMMENDED COR $5,000.00	LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: CKS
Repair Cost: L/S	S$ 5,300.00 (5 days)	Reduction: 58 %	Email Call
FINAL SETTLEMENT	Date/Time: 25.11.21	Confirm with SHIYING	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,300.00	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 175.00 ($ x 7 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 Settl~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $500
Total:	**S$** 5,482.45	**Global Sum S$:** 5,180.00	
FINAL PAYMENT	Date/Time: 25.11.21	Confirm with: SHIYING	Email Cal
Payee 1:	S$ 5,180.00	Name 1: CHOO MOTOR SPRAY PAINTER	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	