

**ASSIGNMENT**

Surveyor: RASUL DOI: 08/09/2021 Date / Time : 08/09/2021

Registered in Merimen: 08/09/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLS 9774Z  
 Name of Insured : GRAB RENTALS PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/09/2021

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

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

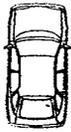
If **NO**, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

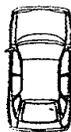
Driver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

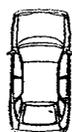
SLK 9943U → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: **AUTO INSURE**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	SLK 9943U : X ; SLS 9774Z : 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:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: **MRB**  
 Repair Cost: **L/S** S\$ **5,400.00** ( **7** days) Reduction: **67** % Email  Call

**FINAL SETTLEMENT** Date/Time: **03.06.22** Confirm with **AUTO** Email  Call   
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **100%**  
 Repair Cost: **w/GST** S\$ **5,778.00** **3VEH CC OID LAST**

Loss of Rental (LOR): **w/GST** S\$ **1,177.00** ( **11** 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\$ -  
 Disbursement: S\$ - (e.g. Tow/ Independent )  
 Legal Cost S\$ -  
 1) Claim status: Normal/~~Reject/Private Settle~~  
 2) Report Format: **TP**  
 3) Survey fee: **\$600**

**Total:** S\$ **6,962.45** **Global Sum S\$: 6,960.00**

**FINAL PAYMENT** Date/Time: **03.06.22** Confirm with: **AUTO** Email  Call

Payee 1: S\$ **6,960.00** Name 1: **AUTO INSURE PTE LTD**  
 Payee 2: (Strike if N.A.) S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_