

**ASSIGNMENT**

Surveyor:

**Adrian**

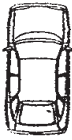
DOI:

**13/09/2021**

Date / Time :

**13/09/2021**

Registered in Merimen:

**13/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLL 3255G**

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

Name of Insured : **GRAB RENTALS PTE LTD**

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

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

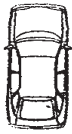
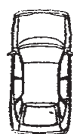
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **01/09/2021**

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****SGK 4226Z**INSRS:  
WSP: **RICO 60**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                   |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | <b>SGK 4226Z : NA/CTI21009313/r3 ; DOA : 01/09/2021</b>           | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | <b>SLL 3255G : CS3/III21009294/Gqf3e2 ; DOA : 01/09/2021</b>      | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                                   | 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"/> <input type="checkbox"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                                        | Sent By:                                                                           |
|                                                                                                                                                                     |                                                                   | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                                   | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                                        | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                                   | Confirm by: <b>LWP</b>                                                             |
| Repair Cost: <b>L/S</b>                                                                                                                                             | S\$ <b>10,000.00</b> ( <b>10</b> days) Reduction: <b>67</b> %     | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>29.10.21</b> Confirm with <b>PRESCELIA</b>          | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Final Liability:                                                                                                                                                    | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>         | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                           | S\$ <b>10,700.00</b> <b>3VEH CC OID LAST</b>                      |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ <b>1,560.00</b> ( <b>13</b> days) <b>X \$120</b>              |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ - (\$ x days)                                                 |                                                                                    |
| Loss of Income (LOI):                                                                                                                                               | S\$ - (\$ 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\$ -                                                             | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement:                                                                                                                                                       | S\$ - (e.g. Tow/ Independent )                                    | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost                                                                                                                                                          | S\$ -                                                             | 3) Survey fee: <b>\$600</b>                                                        |
| <b>Total:</b>                                                                                                                                                       | S\$ <b>12,267.45</b> <b>Global Sum S\$: 11,190.00</b>             |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: <b>29.10.21</b> Confirm with: <b>PRESCELIA</b>         | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1:                                                                                                                                                            | S\$ <b>11,190.00</b> Name 1: <b>RICO 60 AUTO SERVICES PTE LTD</b> |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ Name 2:                                                       |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ Name 3:                                                       |                                                                                    |