

Surveyor: Bryan

ASSIGNMENT

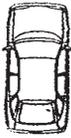
DOI: 05/09/2021

Date / Time : 14/09/2021

15/09/2021

Registered in Merimen: 14/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4467K

Claim No. : MFL2021D0004008

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : D21MFL0000447

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 12/09/2021

Place of Accident : _____

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

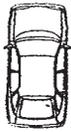
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

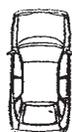
GBB 6013P →



INSRS:
WSP: JWG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:	
	Documentation Check List:	Handler Typist
	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: ABT

Repair Cost: L/S S\$ 1,300.00 (3 days) Reduction: 94 % Email Call

FINAL SETTLEMENT Date/Time: 21.07.22 Confirm with DERRICK Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 1,391.00 **OID MAKE A RIGHT TURN INTO MAIN ROAD**

Loss of Rental (LOR): S\$ 750.00 (5 days) x \$150

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\$ 36.45

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\$ 2,177.45 **Global Sum S\$:**

FINAL PAYMENT Date/Time: 21.07.22 Confirm with: DERRICK Email Call

Payee 1: S\$ 2,177.45 Name 1: JWG INTERNATIONAL PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3: