

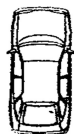
15/5/2010

INS. CASE OWNER:

CC4/GRB21009805/Ees3

LKK:

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **21/09/2021**Date / Time : **20/09/2021**Registered in Merimen: **20/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLP 920T**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ _____ D.O.A : **17/09/2021**

Place of Accident : _____

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

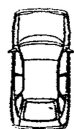
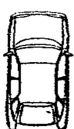
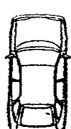
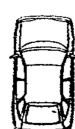
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: **YES** / NO)

Insured Liability : %

Final ? Yes / No**SKU 329L**INSRS:
WSP: **VOLKSWAGEN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKU 329L : X ; SMA 9037B : 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:	
		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:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: CTY		
Repair Cost: P/P S\$ 3,977.49 (3 days' Reduction: 57 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 24.12.21 Confirm with MEIY Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%		
Repair Cost: w/GST S\$ 4,255.91 4VEH CC OID 2ND			
Loss of Rental (LOR) w/GST S\$ 321.00 (3 days) x \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ 4,584.36 Global Sum S\$:			
FINAL PAYMENT	Date/Time: 24.12.21 Confirm with: MEIY Email ☐ Call ☐		
Payee 1: S\$ 4,584.36 Name 1: VOLKSWAGEN GROUP SINGAPORE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$350**