15/5/2010

INS. CASE OWNER:

CC4/GRB21009982/Eea3

LKK:

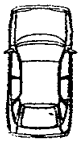
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 27/09/2021 Date / Time : 23/9/2021

Registered in Merimen: 25/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 854J Claim No. : MFL2021D0004091

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447

Insured Tel No. : HP: Make / Model :

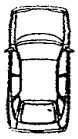
Excess Sec II :S$ D.O.A : 17/09/2021 18:45 Place of Accident :

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

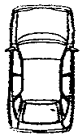
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

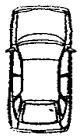
SJX 8181M → → →



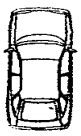
INSRS:
WSP: Elite AM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJX 8181M - CC4/AIG11012112/Asg2y ; 22/06/2011	**STAGE**	**DATE / PIC**
	NA/AIG11012141/c2 ; 22/06/2011	Non-Reporting ltr (1st):	
	SLX 854J - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION Date/Time: Confirm with: Confirm by: CTY

Repair Cost: L/S S$ 1,700.00 (3 days) Reduction: 80 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03.06.22 Confirm with CHRISTY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,819.00 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
Medical:	S$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $350
Total:	**S$** 2,126.45 **Global Sum S$:** 2,120.00	

FINAL PAYMENT Date/Time: 03.06.22 Confirm with: CHRISTY Email ☐ Call ☐

Payee 1:	S$ 2,120.00	Name 1:	ELITE AM PTE. LTD.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	