

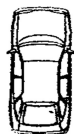
15/5/2010

INS. CASE OWNER:

CC4/GRB21010047/Ees3

LKK:

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **29/09/2021**Date / Time : **28/09/2021**Registered in Merimen: **28/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SML 5521M**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **18/09/2021**

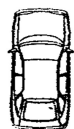
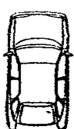
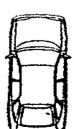
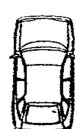
Place of Accident : _____

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****SMM 3994P**INSRS:
WSP: **VOLKSWAGEN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMM 3994P : X ; SML 5521M : 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
			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\$ 4,920.50	(4 days' Reduction: 52 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 10.01.22	Confirm with MEIY	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 5,264.94	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 360.00	(3 days) x \$120		
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)	1) Claim status: Normal/Reject/Dispute/Settle	
Legal Cost	S\$ -	2) Report Format: TP		
		3) Survey fee: \$500		
Total:	S\$ 5,632.39	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 10.01.22	Confirm with: MEIY	Email ☐	Call ☐
Payee 1:	S\$ 5,632.39	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:		