

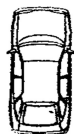
15/5/2010

INS. CASE OWNER:

CC4/GRB21010162/Ees3

LKK:

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **04/10/2021**Date / Time : **01/10/2021**Registered in Merimen: **01/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLL 7074K**

Claim No. : _____

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

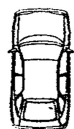
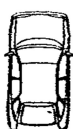
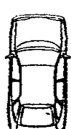
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/09/2021**

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****PA 6982G**INSRS:
WSP: **SERVE YOU**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 6982G : CC6/AIG13022266/H1ea3q2 ; DOA : 24/11/2013 SLL 7074K : 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: L/S S\$ 3,300.00 (4 days' Reduction: 75%)	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 21.12.21 Confirm with EVELYN Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 3,300.00	OID REAR ENDED TP		
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 900.00 (\$ 180 x 5 days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]			
GIA/LTA Search S\$ 7.49			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ 4,207.49	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 21.12.21 Confirm with: EVELYN Email ☐ Call ☐		
Payee 1: S\$ 4,207.49	Name 1: SERVE YOU MOTOR PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		