

ASSIGNMENTSurveyor: **BRYAN**DOI: **05/10/2021**Date / Time : **04/10/2021**Registered in Merimen: **04/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLR 8461M**Claim No. : **MFL2021D0004461**Name of Insured : **GRAB RENTALS PTE LTD**Policy No. : **D21MFL0000447**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01/10/2021**Place of Accident : **Mandai Rd**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****SHB 2700U**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 2700U : CC3/AIG08022240/DDn ; DOA : 06/08/2008	STAGE DATE / PIC
	SLR 8461M : CS/III21010239/Kuf3e2 ; DOA : 01/10/2021	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 ☐ ☐
	CLAIMANT - CITYCAB PTE LTD	LTA / GIA : ☐ ☐
	TPV: HYUNDAI IONIQ - 1580cc	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: _____
Repair Cost: LIMIT	S\$ \$28,000.00 (14 days) Reduction: \$44,913.27% 62	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/08/2022 Confirm with MR YEE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 29,960.00 W/GST	
Loss of Rental (LOR):	S\$ 2,003.04 (16 days) x \$125.19	
Loss of Use (LOU):	S\$ _____ (\$ x days)	
Loss of Income (LOI):	S\$ 640.00 (\$ 40 x 16 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	S\$ 7.45	
Medical:	S\$ _____	1) Claim status: Normal /Reject/Private Settle
Disbursement:	S\$ 160.00 (e.g. Tov / Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$600.00
Total:	S\$ 32,770.49 Global Sum S\$: 32,770.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 32,770.00 Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	