

ASSIGNMENTSurveyor: SteveDOI: 26/10/2021Date / Time : 07/10/2021Registered in Merimen: 07/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 3476G

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

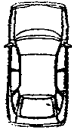
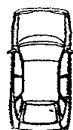
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/10/2021

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**SMT 9157MINSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMT 9157M : X	STAGE
	SMA 3476G : NA/LIP19014415/r3 ; DOA : 17/08/2019	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P S\$ 3,761.15 (3 days) Reduction: 31 %		Confirm by: CTY
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.01.22	Confirm with EVELYN
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		Email ☐ Cal ☐
Repair Cost: w/GST S\$ 4,024.43		If NO or B 28, Ass. Lia : OID REAR ENDED TP
Loss of Rental (LOR): S\$ - (- days)		
Loss of Use (LOU): S\$ 300.00 (\$ 100 x 3 days)		
Loss of Income (LOI): S\$ - (\$ - x - 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\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$350
Total: S\$ 4,331.88	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 05.01.22	Confirm with: EVELYN
Payee 1: S\$ 4,331.88	Name 1: PERFORMANCE MOTORS LTD	Email ☐ Cal ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	