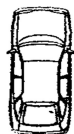


ASSIGNMENT

Surveyor: SteveDOI: 12/10/2021Date / Time : 11/10/2021Registered in Merimen: 11/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 8172X

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/09/2021

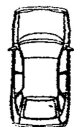
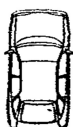
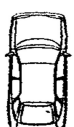
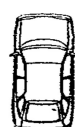
Place of Accident : _____

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**

SMX 2022T

INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMX 2022T : X ; SLW 8172X : 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 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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: CTY			
Repair Cost: P/P S\$ 8,634.45 (5 days' Reduction: 23 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 27.12.21 Confirm with EVELYN Email ☐ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%			
Repair Cost: w/GST S\$ 9,238.86 3VEH CC OID 2ND			
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 + LC ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
1) Claim status: Normal/Reject/Dispute/Settle			
2) Report Format: TP			
3) Survey fee: \$500			
Total: S\$ 9,546.31 Global Sum S\$:			
FINAL PAYMENT Date/Time: 27.12.21 Confirm with: EVELYN Email ☐ Call ☐			
Payee 1: S\$ 9,546.31 Name 1: PERFORMANCE MOTORS LTD			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			