

15/5/2010

INS. CASE OWNER:

CC4/GRB21010642/Bes3

~~CC4/GRB21010642/Bes3~~

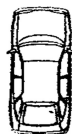
LKK:

IDAC:

ASSIGNMENT

Surveyor: LTGDOI: 18/10/2021Date / Time : 15/10/2021Registered in Merimen: 15/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 7858K

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

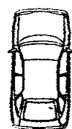
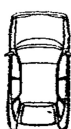
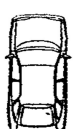
Make / Model : _____

Excess Sec II : \$ D.O.A : 15/10/2021

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**SJU 7741UINSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																																
	SJU 7741U : X SLM 7858K : NA/AWA17014739/k4 ; DOA : 06/05/2017	<table border="1"> <thead> <tr> <th>STAGE</th> <th>DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td></tr> <tr><td>Call OI:</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐ ☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐ ☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐ ☐</td></tr> <tr><td>Release Voucher:</td><td>☐ ☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐ ☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐ ☐</td></tr> <tr><td>Towing Invoice</td><td>☐ ☐</td></tr> <tr><td>LTA / GIA :</td><td>☐ ☐</td></tr> <tr><td>Medical Bill:</td><td>☐ ☐</td></tr> <tr><td>PIR:</td><td>☐ ☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐ ☐</td></tr> <tr><td>LOD</td><td>☐ ☐</td></tr> <tr><td>Payment Breakdown Form:</td><td>☐ ☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐ ☐</td></tr> <tr><td>Others:</td><td>☐ ☐</td></tr> </tbody> </table>	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:	☐ ☐
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: LTG Confirm by:																																															
Repair Cost: L/S S\$ 4,550.00 (7 days' Reduction: 67 %	Email ☐ Call ☐																																															
FINAL SETTLEMENT Date/Time: 26.01.22 Confirm with: JOSEPH	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\$ 4,868.50	3VEH CC OID 2ND																																															
Loss of Rental (LOR): S\$ 900.00 (9 days) x \$100																																																
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\$ -	1) Claim status: Normal/Reject/Private Settle																																															
Disbursement: S\$ 120.00 (e.g. Tow/ Independent)	2) Report Format: TP																																															
Legal Cost S\$ -	3) Survey fee: \$500																																															
Total: S\$ 5,895.95	Global Sum S\$:																																															
FINAL PAYMENT Date/Time: 26.01.22 Confirm with: JOSEPH	Email ☐ Call ☐																																															
Payee 1: S\$ 5,895.95	Name 1: BIFROST AUTO PTE LTD																																															
Payee 2: (Strike if N.A.) S\$	Name 2:																																															
Payee 3: (Strike if N.A.) S\$	Name 3:																																															