

Surveyor:

Bryan

DOI:

ASSIGNMENT
22/10/2021

Date / Time :

22/10/2021

Registered in Merimen:

22/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLN 4526H**Claim No. : **MFL2021D0004652**Name of Insured : **GRAB RENTALS PTE LTD**Policy No. : **D21MFL0000447**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/10/2021**Place of Accident : **BKE**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age :OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. :

(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SLZ 3940M**INSRS:
WSP: **JWG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLZ 3940M : CC4/III20011605/Des3 ; DOA : 26/10/2020	STAGE DATE / PIC
	SLN 4526H : X	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 - ACE FLEET MANAGEMENT PTE LTD	LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
	TPV: T. PRIUS ALPHA - 1797cc	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: L/S	S\$ 1,050.00 (2 days) Reduction: \$19,147.47% 95	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/06/2022 Confirm with JWG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 1,123.50 W/GST	
Loss of Rental (LOR):	S\$ 368.00 (4 days) X \$92	
Loss of Use (LOU):	S\$ (\$ x days)	C.C (OI 2ND)
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: \$600.00
Total:	S\$ 1,498.95 Global Sum S\$: \$1,450.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ \$1,450.00 Name 1: JWG INTERNATIONAL PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	