

15/5/2010

INS. CASE OWNER:

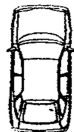
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 26/10/2021Date / Time : 26/10/2021Registered in Merimen: 26/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 4056CClaim No. : MFL2021D0004638Name of Insured : GRAB RENTALS PTE LTDPolicy No. : D21MFL0000447

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/10/2021

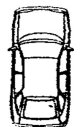
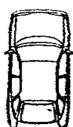
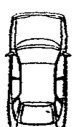
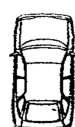
Place of Accident : _____

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No**SJN 7065A →INSRS:
WSP: FALCON-AIR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SJN 7065A : CS/SMR21009213/f3 ; DOA : 27/08/2021 SLM 4056C : 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:		
	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: CKS			
Repair Cost:	<u>L/S</u> S\$ <u>10,300.00</u>	(<u>12</u> days' Reduction: <u>63</u> %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>29.03.22</u> Confirm with <u>ANNA</u> Email ☐ Call ☐			
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	<u>w/GST</u> S\$ <u>11,021.00</u>	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ <u>-</u> (_____ days)		
Loss of Use (LOU):	S\$ <u>840.00</u> (\$ <u>60</u> x <u>14</u> days)		
Loss of Income (LOI):	S\$ <u>-</u> (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐	[Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Disbursement:	S\$ <u>-</u>	(e.g. Tow/ Independent) 2) Report Format: <u>TP</u>	
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$600</u>	
Total:	S\$ <u>11,868.45</u>	Global Sum S\$: 11,860.00	
FINAL PAYMENT Date/Time: <u>29.03.22</u> Confirm with: <u>ANNA</u> Email ☐ Call ☐			
Payee 1:	S\$ <u>11,860.00</u>	Name 1:	<u>FALCON-AIR AUTO SERVICES PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	