

ASSIGNMENT

Surveyor: Taufikh DOI: 26/10/2021 Date / Time : 26/10/2021

Registered in Merimen: 26/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 8984Y

Claim No. : MFL2021D0004655

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : D21MFL0000447

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 25/10/2021

Place of Accident : _____

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

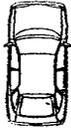
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

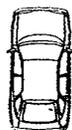
SHD 1265E → _____ → _____ → _____ → _____



INSRS: _____
WSP: **PREMIER**
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **MTH**
Repair Cost: **L/S** S\$ **1,150.00** (**2** days) Reduction: **73%** Email Call

FINAL SETTLEMENT Date/Time: **22.03.22** Confirm with **WEE DEK** Email Call
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia : _____

Repair Cost: **w/GST** S\$ **1,230.50** **OID REAR ENDED TP**
Loss of Rental (LOR): S\$ **186.18** (**3** days) x \$**62.06**
Loss of Use (LOU): S\$ - (\$ x 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\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
1) Claim status: Normal/~~Reject/Private Settle~~
2) Report Format: **TP**
3) Survey fee: **\$350**

Total: S\$ **1,424.13** **Global Sum S\$: 1,420.00**

FINAL PAYMENT Date/Time: **22.03.22** Confirm with: **WEE DEK** Email Call

Payee 1: S\$ **1,420.00** Name 1: **PREMIER AUTOMOTIVE SERVICES PTE LTD**
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____