15/5/2010

INS. CASE OWNER: CC4/GRB21011287/Ugs3

LKK:

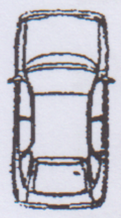
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 05/11/2021 Date / Time : 05/11/2021

Registered in Merimen: 05/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 8340J Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

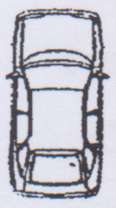
Excess Sec II :S$ D.O.A : 20/09/2021 Place of Accident :

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

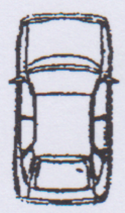
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

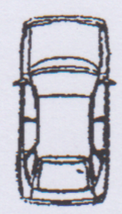
GBJ 7454B → → →



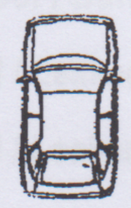
INSRS:
WSP: ETHOZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBJ 7454B : X
	SLQ 8340J : CS/MSG18005726/Utd3n2 ; DOA : 23/03/2018
	Reject Case By (staff) : ~~Hsiao Tong~~ Cecilia Approved by : Date : 15/11/21
11/11/2021	REJECTION EMAIL TO TP - OI VIDEO SHOW OI WAS ALREADY ABOUT 1/2 INSIDE TPV LANE AND STATIONARY FOR A GOOD 5 SEC. TPV SHOULD HAVE ALREADY SEEN THAT OIV IS IN HIS LANE AND OUGHT TO GIVE WAY TO OI. MR YEW TO CHOP + SIGN

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:

Repair Cost: P/P S$ $2,700.13 (3 days) Reduction: $1,740.99 % 39 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Cal ☐

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S$	3) Survey fee: $250.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	