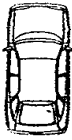


ASSIGNMENT

Surveyor:

AdrianDOI: 09/11/2021Date / Time : 08/11/2021Registered in Merimen: 08/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMZ 3978T

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

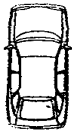
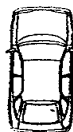
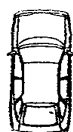
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/11/2021Place of Accident : AIRPORT RD, KPE ENTRANCEIs 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**GBL 2998XINSRS:
WSP: SK AUTOMOBILE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBL 2998X : <u>NBA/CTI21011344/Y ; DOA : 05/11/2021</u>	STAGE DATE / PIC
	SMZ 3978T :	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	CLAIMAINT: OCEAN SAFETY SUPPLIES PTE LTD	Call OI:
		After call ltr to OI:
	TPV: NISSAN NV 200 - 1597cc	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: P/P	S\$ \$7,391.85 (8 days) Reduction: \$9,528.79% 56	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>10/02/2022</u> Confirm with <u>WENDY</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:	S\$ <u>7,909.28</u> W/GST	
Loss of Rental (LOR):	S\$ <u>823.90</u> (11 days) x <u>74.90</u>	
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\$ <u>7.45</u>	
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: \$600.00
Total:	S\$ <u>8,740.63</u> Global Sum S\$: \$8,700.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ \$8,700.00 Name 1: <u>SK AUTOMOBILE PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ Name 3: _____	