

ASSIGNMENTSurveyor: **BRYAN**DOI: **10/11/2021**Date / Time : **09/11/2021**Registered in Merimen: **09/11/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMQ 2442B**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **06/11/2021**

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****FBP 8307E**INSRS:
WSP: **SG 98 MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBP 8307E : X	STAGE DATE / PIC
	SMQ 2442B : CC4/AIG20004204/Kba3q2 ; DOA : 17/03/2020	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: ABT
Repair Cost: P/P S\$ 258.00 (1 days) Reduction: 73 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09.05.22 Confirm with LINDA	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 258.00		OID REAR ENDED TP STATIONARY VEH
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 25.00 (\$ 25 x 1 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: TP
Legal Cost S\$ -		3) Survey fee: \$350
Total: S\$ 283.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 09.05.22 Confirm with: LINDA	Email ☐ Call ☐
Payee 1: S\$ 283.00	Name 1: SG 98 MOTOR PTE LTD	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	