

ASSIGNMENTSurveyor: **BRYAN**DOI: **09/11/2021**Date / Time : **9/11/2021**Registered in Merimen: **9/11/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SML 8865B**Claim No. : **MFL2021D0004864**Name of Insured : **GRAB RENTALS PTE LTD**Policy No. : **D21MFL0000447**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **07/11/2021**Place of Accident : **First St**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****SMZ 7876C**INSRS:
WSP: **C. S. ONG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMZ 7876C : NBA/LIP21011382/Y ; DOA : 07/11/2021	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: LS	S\$ \$11,600.00 (7 days) Reduction: \$47,157.12% 80	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/06/2022 Confirm with MS ONG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 12,412.00 W/GST	
Loss of Rental (LOR):	S\$ 963.00 (9 days) x \$107.00 W/GST	
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\$ 36.45	
Medical:	S\$	1) Claim status: Normal /Reject/Private Settle
Disbursement:	S\$ 60.00 (e.g. Tov / Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$600.00
Total:	S\$ 13,471.45 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 13,471.45 Name 1: C.S. ONG AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	