15/5/2010

INS. CASE OWNER: CC4/GRB21012092/Egs3

LKK:

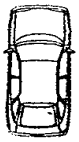
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 09/12/2021 Date / Time : 29/11/2021

Registered in Merimen: 29/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 7066G Claim No. :

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

Insured Tel No. : HP: Make / Model :

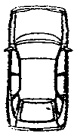
Excess Sec II :S$ D.O.A : 24/11/2021 Place of Accident : TRAS LINK, JUNCTION WITH WALLICH ST

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

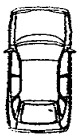
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

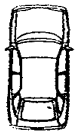
GBE 1922H → → →



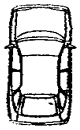
INSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 1922H : NBA/CTI21011984/Y ; DOA : 24/11/2021 SLV 7066G :	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
CLAIMANT:	PENGUIN SHIPYARD INTERNATIONAL PTE LTD	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	TPV: TOYOTA DYNA 150 - 2982cc	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: L/S	S$ 10,700.00 (6 days)	Reduction: 12,918.08 % 55	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with HASRIANAH	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 11,449.00	W/GST	
Loss of Rental (LOR):	S$ (days)		OI OVERTAKE TP AGAINST TRAFFIC FLOW IN A SINGLE WAY DRIVE ROAD.
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 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: $600.00
Total:	**S$** 11,809.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$	Name 1:	GOLDBELL ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	