

ASSIGNMENTSurveyor: SteveDOI: 09/12/2021Date / Time : 29/11/2021Registered in Merimen: 29/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLV 7066G

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

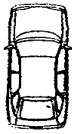
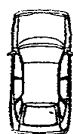
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/11/2021Place of Accident : TRAS LINK, JUNCTION WITH WALLICH STIs 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****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 : <u>NBA/CTI21011984/Y ; DOA : 24/11/2021</u>	STAGE
	SLV 7066G :	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:
Repair Cost: <u>L/S</u>	S\$ <u>10,700.00</u> (<u>6</u> days) Reduction: <u>12,918.08</u> % <u>55</u>	Confirm by:
FINAL SETTLEMENT	Date/Time: <u>07/03/2022</u>	Confirm with: <u>HASRIANAH</u>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	Email ☒ Call ☐
Repair Cost:	S\$ <u>8,988.00</u> <u>W/GST (III'S INSTRUCTION)</u>	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> 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\$ _____	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	
Legal Cost	S\$ _____	
Total:	S\$ <u>9,348.00</u>	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ <u>9,348.00</u>	Name 1: <u>GOLDBELL ENGINEERING PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____

OI OVERTAKE TP AGAINST TRAFFIC FLOW IN A SINGLE WAY DRIVE ROAD.

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$600.00