	CC4/GRB21012328/Bea3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **LIM**   DOI: **07/12/2021**   Date / Time : **06/12/2021**

Registered in Merimen: **06/12/2021**

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SLN 4150H**   Claim No.   :   **MFL2021D0005279**

Name of Insured   :   **GRAB RENTALS PTE LTD**   Policy No.   :   **D21MFL0000447**

Insured Tel No.   :   HP: Make / Model   :

Excess Sec II :S$ D.O.A : **06/12/2021**   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** / NO

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

SJQ 1649P ⟶ _____ ⟶ _____   _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **BIFROST**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SJQ 1649P : X ; SLN 4150H : X	

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: **LTG**

Repair Cost: **L/S**   S$ **3,500.00**   (**5** days) Reduction: **63** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **13.05.22** Confirm with **JOSEPH**   Email ☐ Cal ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28**   If NO or B 28, Ass. Lia : **0%**

Repair Cost: **w/GST** S$ **3,745.00**   **3VEH CC OID 2ND**

Loss of Rental (LOR):   S$ **630.00** (**7** days) **x $90**

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$ **7.45**

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: **$500**

Total: S$ **4,382.45**   **Global Sum S$:**

FINAL PAYMENT Date/Time: **13.05.22** Confirm with: **JOSEPH**   Email ☐ Cal ☐

Payee 1:	S$ **4,382.45**	Name 1:	**BIFROST AUTO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	