

ASSIGNMENT

Surveyor: Adrian

DOI: 07/12/2021

Date / Time : 07/12/2021

Registered in Merimen: 07/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 405Y

Claim No. : MFL2021D0005278

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : D21MFL0000447

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/12/2021

Place of Accident : KPE

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**

SJJ 5132Z → _____ → _____ → _____



INSRS: _____
WSP: JL PERFECT
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
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Liability : _____
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INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/ Time | SJJ 5132Z : CS3/EGI18004098/M1d3e2 ; DOA : 28/02/2018 SMQ 405Y : X | | STAGE | DATE / PIC |
|-----------------------------------|---|--|---|---|
| | | | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| CLAIMANT- | HONG CAR RENTAL SERVICES | | Notification ltr (if non-pickup): | |
| | | | Call OI: | |
| | | | After call ltr to OI: | |
| | TPV: TOYOTA SIENNA - 1496cc | | Documentation Check List: Handler Typist | |
| | | | Notification ltr (if non-pickup) | <input type="checkbox"/> <input type="checkbox"/> |
| | | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: L/S | S\$ \$7,900.00 | (10 days) Reduction: \$12,360.48% 61 | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: <u>17/03/2022</u> | Confirm with <u>irene</u> | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: | % <u>100</u> | (Agreed / Assessed) BOLA S/N No. : <u>27</u> | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ <u>7,900.00</u> | | | |
| Loss of Rental (LOR): | S\$ _____ | (_____ days) | | |
| Loss of Use (LOU): | S\$ <u>550.00</u> | (\$ <u>50</u> x <u>11</u> days) | | |
| Loss of Income (LOI): | S\$ _____ | (\$ _____ x _____ days) | | |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LO <input type="checkbox"/> | [Tick only one] |
| GIA/LTA Search | S\$ <u>36.45</u> | | | |
| Medical: | S\$ _____ | | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle | |
| Disbursement: | S\$ _____ | (e.g. Tow/ Independent) | 2) Report Format: <u>TP</u> | |
| Legal Cost | S\$ _____ | | 3) Survey fee: \$600.00 | |
| Total: | S\$ 8,486.45 | Global Sum S\$: 8,450.00 | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | S\$ 8,450.00 | Name 1: <u>JL PERFECT AUTOWORK PTE LTD</u> | | |
| Payee 2: (Strike if N.A.) | S\$ _____ | Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | S\$ _____ | Name 3: _____ | | |