

## ASSIGNMENT

Surveyor: KennethDOI: 14/12/2021Date / Time : 13/12/2021Registered in Merimen: 13/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 2512J

Claim No. : \_\_\_\_\_

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

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

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**SLH 417Y → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_INSRS:  
WSP: OPTIMA WERKZ  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SLH 417Y : X ; SLS 2512J : 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:                                     |                                                              |
|                                                                                |                                    |                                              | <b>Documentation Check List:</b>                          | <b>Handler</b>                                               |
|                                                                                |                                    |                                              | Notification ltr (if non-pickup)                          | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | After call ltr to OI:                                     | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Authorisation To Act:                                     | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Release Voucher:                                          | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Final Repair Bill:                                        | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Car Rental Invoice:                                       | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Towing Invoice                                            | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | LTA / GIA :                                               | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Medical Bill:                                             | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | PIR:                                                      | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Mandate/Reject Instruction:                               | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | LOD                                                       | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Payment Breakdown Form:                                   | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Post-Repair Photos:                                       | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Others:                                                   | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                                     | Confirm by: <b>KSC</b>                                    |                                                              |
| Repair Cost:                                                                   | <b>L/S</b> S\$ <b>3,100.00</b>     | ( <b>4</b> days) Reduction:                  | <b>66</b> %                                               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>09.05.22</b>         | Confirm with <b>JOSEPH</b>                   | Email <input type="checkbox"/>                            | Cal <input type="checkbox"/>                                 |
| Final Liability:                                                               | % <b>100</b>                       | (Agreed / Assessed) BOLA S/N No. : <b>27</b> | If NO or B 28, Ass. Lia :                                 |                                                              |
| Repair Cost:                                                                   | <b>w/GST</b> S\$ <b>3,317.00</b>   | <b>OID REAR ENDED TP</b>                     |                                                           |                                                              |
| Loss of Rental (LOR):                                                          | S\$ <b>-</b>                       | ( <b>  </b> days)                            |                                                           |                                                              |
| Loss of Use (LOU):                                                             | S\$ <b>400.00</b>                  | ( \$ <b>80</b> x <b>5</b> days)              |                                                           |                                                              |
| Loss of Income (LOI):                                                          | S\$ <b>-</b>                       | ( \$ <b>  </b> x <b>  </b> days)             |                                                           |                                                              |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> | [Tick only one]                              |                                                           |                                                              |
| GIA/LTA Search                                                                 | S\$ <b>7.45</b>                    |                                              |                                                           |                                                              |
| Medical:                                                                       | S\$ <b>-</b>                       |                                              |                                                           |                                                              |
| Disbursement:                                                                  | S\$ <b>-</b>                       | (e.g. Tow/ Independent )                     | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                                              |
| Legal Cost                                                                     | S\$ <b>-</b>                       | 2) Report Format: <b>TP</b>                  |                                                           |                                                              |
|                                                                                |                                    | 3) Survey fee: <b>\$350</b>                  |                                                           |                                                              |
| <b>Total:</b>                                                                  | S\$ <b>3,724.45</b>                | <b>Global Sum S\$: 3,720.00</b>              |                                                           |                                                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time: <b>09.05.22</b>         | Confirm with: <b>JOSEPH</b>                  | Email <input type="checkbox"/>                            | Cal <input type="checkbox"/>                                 |
| Payee 1:                                                                       | S\$ <b>3,720.00</b>                | Name 1:                                      | <b>OPTIMA WERKZ PTE LTD</b>                               |                                                              |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                      |                                                           |                                                              |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                      |                                                           |                                                              |