15/5/2010

INS. CASE OWNER: CC4/GRB21012679/Egs3

LKK:

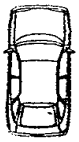
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 17/12/2021 Date / Time : 15/12/2021

Registered in Merimen: 15/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 5277U Claim No. : MFL2021D0005466

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

Insured Tel No. : HP: Make / Model :

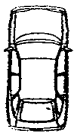
Excess Sec II :S$ D.O.A : 08/12/2021 Place of Accident : ECP EXIT 10A TOWARDS MARINE PARADE FLYOVER

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

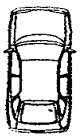
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

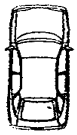
SFS 1110M → → →



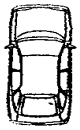
INSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFS 1110M : CC3/AIG12015315/Gst2y ; DOA : 03/08/2012	**STAGE** **DATE / PIC**
	SLN 5277U : NBA/SMO21012472/Y ; DOA : 08/12/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	CLAIMANT: CONRAD LIM HANN (CONRAD LIN HAN)	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	TPV: HONDA ODYSSEY - 2356cc	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: P/P	S$ $10,423.57 (8 days) Reduction: $7,063.23 % 40		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with DESMOND	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 11,153.22 W/GST		
Loss of Rental (LOR):	S$ 1,123.50 (7 days) x $160.50 W/GST		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$		
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: $600.00
Total:	**S$** 12,276.72 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 12,276.72	Name 1: KAH MOTOR CO SDN BERHAD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	