

Surveyor:

Rasul

DOI:

ASSIGNMENT
27/12/2021

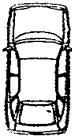
Date / Time :

16/12/2021

Registered in Merimen:

16/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLT 332UClaim No. : MFL2021D0005127Name of Insured : GRAB RENTALS PTE LTD

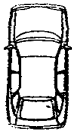
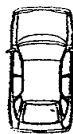
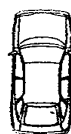
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/11/2021Place of Accident : OLD HOLLAND ROADIs 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**SGX 48DINSRS:
WSP:
Tel : CYCLE & CARRIAGE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| | | | | |
|---|---|---|---|--------------------------|
| Date/ Time | SGX 48D : X ; SLT 332U : X | | STAGE | DATE / PIC |
| | | | Non-Reporting ltr (1st): | |
| | | | Non-Reporting ltr (2nd): | |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| | CLAIMANT- YONG SHAO PING LAWRENCE | | Call OI: | |
| | | | After call ltr to OI: | |
| | | | Documentation Check List: Handler | Typist |
| | TPV: MB E250 - 1796cc | | 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"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: P/P | S\$ \$10,595.15 (4 days) Reduction: \$2,204.60% 17 | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: 31/03/2022 | Confirm with AMANDA | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ 11,336.81 W/GST | | | |
| Loss of Rental (LOR): | S\$ (days) | | | |
| Loss of Use (LOU): | S\$ 240.00 (\$ 60 x 4 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\$ | | | |
| Medical: | S\$ | | | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | | | |
| Legal Cost | S\$ | | | |
| Total: | S\$ 11,576.81 | Global Sum S\$: | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ 11,576.81 | Name 1: CYCLE & CARRIAGE INDUSTRIES PTE LTD | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |