

BRYAN**ASSIGNMENT**

Surveyor:

DOI: **29/12/2021**Date / Time : **28/12/2021**Registered in Merimen: **28/12/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMV 9314R**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

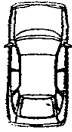
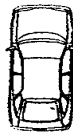
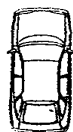
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24/12/2021**

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****SHD 3952S**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 3952S : NS/INC19007327/K1qd3s2 ; DOA : 23/04/2019	STAGE
	SMV 9314R : X	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/SUM	S\$ 9,850.00 (8 days) Reduction: 44 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/11/2022 Confirm with Janice	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 10,539.50	
Loss of Rental (LOR):	S\$ 1,502.28 (12 days) X \$125.19	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 480.00 (\$ 40 x 12 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	S\$ 7.45	
Medical:	S\$	
Disbursement:	S\$ 80.00 (e.g Tow Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format: TP
		3) Survey fee: \$600.00
Total:	S\$ 12,609.23	Global Sum S\$: 11,800.00 (as per Ill mandate)
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 11,800.00	Name 1: BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: