15/5/2010

INS. CASE OWNER: CC6/GRB22000062/Uga3

LKK:

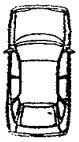
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 03/01/2022 Date / Time : 03/01/2022

Registered in Merimen: 03/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 2619X Claim No. : MFL2022D0000077

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447

Insured Tel No. : HP: Make / Model :

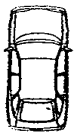
Excess Sec II :S$ D.O.A : 31/12/2021 Place of Accident : BLK 844 TAMPINES ST 82 BEFORE CARPARK BARRIER

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

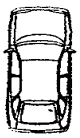
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

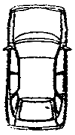
SLR 3234K → → →



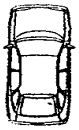
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLR 3234K : X	**STAGE** **DATE / PIC**
	SLQ 2619X : NA/CTI19006190/z4 ; DOA : 05/04/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
	CLAIMANT - TANG HWEE LANG	After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup)
	TPV: HONDA FREED - 1496cc	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: L/S	S$ $3,800.00 (4 days)	Reduction: $6,559.00 % 63	Email Call
FINAL SETTLEMENT	Date/Time: 01/04/2022	Confirm with ASHLEY	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,800.00		
Loss of Rental (LOR):	S$ 400.00 (4 days)	x $100.00	REMARKS: OI REVERSED HIT TPV.
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only	LOR + LOU	LOR + LO [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $500.00
Total:	**S$** 4,207.45	**Global Sum S$:** 4,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ✓ Cal
Payee 1:	S$ 4,200.00	Name 1:	CHOO MOTOR SPRAY PAINTER	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		