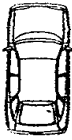


ASSIGNMENT

Surveyor: LTG DOI: 11/01/2022 Date / Time : 11/01/2022

Registered in Merimen: 11/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 2573L

Claim No. : MFL2022D0000249

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : D21MFL0000447_01

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 05/01/2022

Place of Accident : _____

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

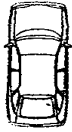
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

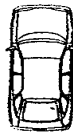
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

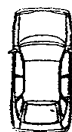
SKQ 129T



INSRS:
WSP: TEAM AUTOPRO
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SKQ 129T : X ; SLW 2573L : X	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: LTG
Repair Cost: L/S S\$ 2,850.00 (7 days) Reduction: 75 % Email Call

FINAL SETTLEMENT Date/Time: 19.07.22 Confirm with ADEL Email Cal
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9b If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 3,049.50 **OID REVERSED AND COLLIDED TP MAKING A RIGHT TURN FROM OPP DIRECTION**
Loss of Rental (LOR): S\$ 1,980.00 (11 days) x \$180
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\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
1) Claim status: Normal/~~Reject/Private Settle~~
2) Report Format: TP
3) Survey fee: \$500
Total: S\$ 5,036.95 Global Sum S\$: 5,030.00

FINAL PAYMENT Date/Time: 19.07.22 Confirm with: ADEL Email Cal
Payee 1: S\$ 5,030.00 Name 1: TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____