

INS. CASE OWNER:

CC4/GRB22000744/gs3

IDAC:

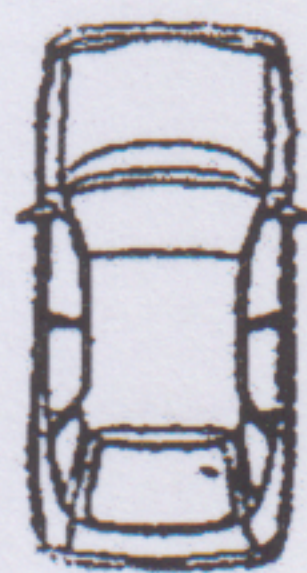
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 20/01/2022Registered in Merimen: 20/01/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 1499C

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 14/01/2022

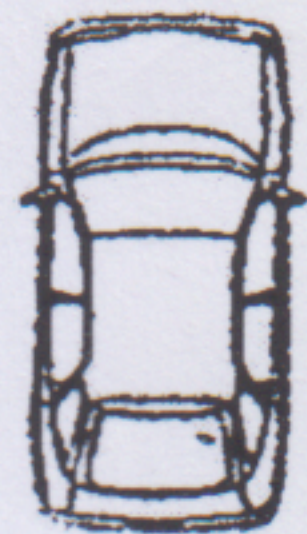
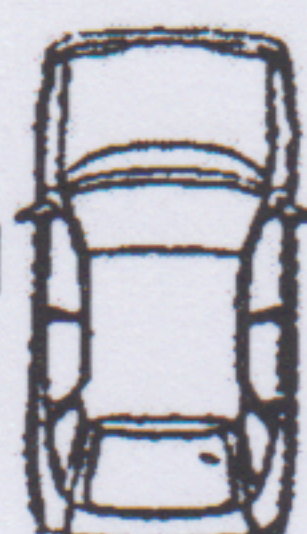
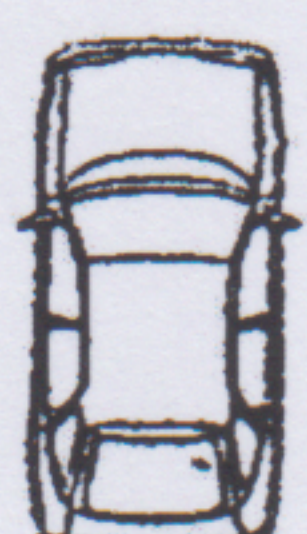
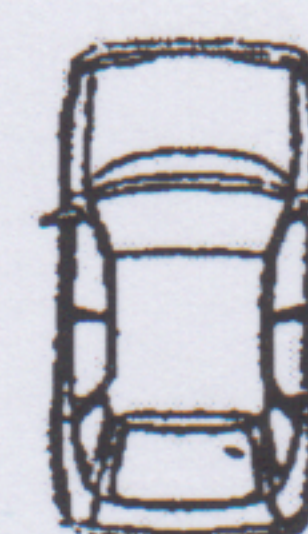
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMR 416K →INSRS:
WSP:
Tel : ACE AUTOLUTION
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMR 416K : X ; SLM 1499C : X		STAGE	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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	\$	(_____ days' Reduction: _____ %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Cal ☐				
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	\$			
Loss of Rental (LOR):	\$	(_____ days)		
Loss of Use (LOU):	\$	(\$ _____ x _____ days)		
Loss of Income (LOI):	\$	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LC ☐	[Tick only one]
GIA/LTA Search	\$			
Medical:	\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$		3) Survey fee:	
Total:	\$	Global Sum \$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Cal ☐				
Payee 1:	\$	Name 1:		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

28/1/22.

✓

cancel case. Private settlement done previously.
 Will instruct to notify TP to withdraw claim.
 * NO SURVEY DONE *
 Mr Yew to sign.