			LKK:
INS. CASE OWNER:	**CC4/GRB22001054/Rpa3**		IDAC:

ASSIGNMENT

Surveyor: **Rasul** DOI: 21/02/2022 Date / Time : 03/02/2022

Registered in Merimen: 03/02/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLM 9820E** Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD** Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 27/01/2022 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**

SKZ 2670K ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: **MOVA**	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SKZ 2670K : CS/SMO20000517/Etf3n2 ; DOA : 31/12/2019 SLM 9820E : 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: **L/SUM** S$ 3,850.00 (6 days) Reduction: 57 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/05/2023 Confirm with: Suann Email ✓ Cal ☐

			If NO or B 28, Ass. Lia :
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		
Repair Cost: **7%GST**	S$ 4,119.50		
Loss of Rental (LOR) **7%GST**	S$ 1,048.60 (7 days) X $140.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]			
GIA/LTA Search	S$ 7.49		
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: **$350.00**	
Total:	**S$ 5,175.59**	**Global Sum S$:**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Cal ☐

Payee 1:	S$ 5,175.59	Name 1:	**Mova Automotive Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	