15/5/2010

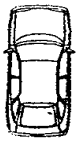
INS. CASE OWNER: ~~CC4/GRB22001522/Kgs3~~ | LKK: | IDAC:

ASSIGNMENT CC4/GRB22001522/Kpa3

Surveyor: Kenneth DOI: 24/02/2022 Date / Time : 16/02/2022

Registered in Merimen: 16/02/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 1845S Claim No. : MFL2022D0000842

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D22MFL0000974

Insured Tel No. : HP: Make / Model :

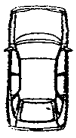
Excess Sec II :S$ D.O.A :11/02/2022 Place of Accident :

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

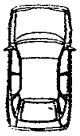
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

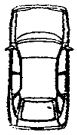
SFG 1798S → → → →



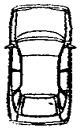
INSRS:
WSP: KUM CHEW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFG 1798S : X ; SLL 1845S : 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$ 1,300.00 (3 days)	Reduction: 51 %	Email ✓ Call
FINAL SETTLEMENT	Date/Time: 08/09/2022	Confirm with Mdm Lim	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,391.00		
Loss of Rental (LOR):	S$ 300.00 (3 days)	x $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only	LOR + LOU	LOR + LO [**Tick only one**]	
GIA/LTA Search	S$		
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: $350.00
Total:	**S$** 1,691.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Cal

Payee 1:	S$1,691.00	Name 1:	Kum Chew Motor Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	