15/5/2010

INS. CASE OWNER:

CC4/GRB22002175/Gpa3

LKK:

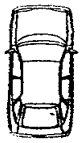
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 08.03.2022 Date / Time : 08.03.2022

Registered in Merimen: 08.03.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 5673G Claim No. : MFL2021D0004384

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

Insured Tel No. : HP: Make / Model :

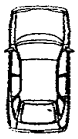
Excess Sec II :S$ D.O.A : 29/09/2021 13:55 Place of Accident : Eunos Ave 5, Singapore

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

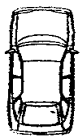
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

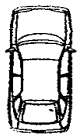
GBL 4754U → → →



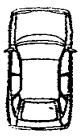
INSRS:
WSP: PROVI AUTOWORKS PTE LTD
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBL 4754U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG21010148/r3 30/09/2021 NG TSU WEI,ALARIC(HUANG ZHIWEI) GBL 4754U SMQ 5673G 29/09/2021 21/10/2021 RBW NA/AIG22000027/r3 03/01/2022 MAH CHEOK CHUNG,MARK GBL 4754U SMH 4098X 31/12/2021 04/01/2022 RBW	Non-Reporting ltr (1st):	
SMQ 5673G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/AIG21010148/r3 30/09/2021 NG TSU WEI,ALARIC(HUANG ZHIWEI) GBL 4754U SMQ 5673G 29/09/2021 21/10/2021 RBW	Non-Reporting ltr (2nd):	
		Notification ltr (if pickup):	
		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:	S$	(days)	Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:		Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S$				
Loss of Rental (LOR):	S$	(days)			
Loss of Use (LOU):	S$	($ x days)			
Loss of Income (LOI):	S$	($ x days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[**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:	
Legal Cost	S$			3) Survey fee:	
Total:	**S$**		**Global Sum S$:**		
FINAL PAYMENT	Date/Time:		Confirm with:	Email ☐ Call ☐	
Payee 1:	S$	Name 1:			
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			