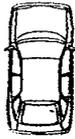


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: 01.04.2022 Date / Time : 01.04.2022  
Registered in Merimen: 01.04.2022

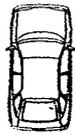
**Pre-assign / CCU / FTE**



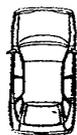
Insured Vehicle No. : SLP 4385L Claim No. : MFL2022D0001540  
Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447\_01  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 25-03-22 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( 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**

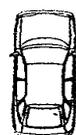
SMC 4137T → → → →



INSRS:  
WSP: **FOCUS**  
Tel : **AUTO**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMC 4137T - X	SLP 4385L - 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:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by: <b>CKS</b>	
Repair Cost:	<b>L/S S\$ 17,800.00</b>	( <b>13</b> days) Reduction: <b>43%</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>07.07.22</b>	Confirm with <b>JENNY</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia : <b>100%</b>	
Repair Cost:	<b>w/GST S\$ 19,046.00</b>	<b>4VEH CC OID LAST</b>		
Loss of Rental (LOR):	S\$ -	( _____ days)		
Loss of Use (LOU):	S\$ <b>1,040.00</b>	(\$ <b>80</b> x <b>13</b> days)		
Loss of Income (LOI):	S\$ -	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ <b>36.45</b>			
Medical:	S\$ -		1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement:	S\$ -	(e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$ -		3) Survey fee: <b>\$600</b>	
<b>Total:</b>	<b>S\$ 20,122.45</b>	<b>Global Sum S\$: 19,800.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: <b>07.07.22</b>	Confirm with: <b>JENNY</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>19,800.00</b>	Name 1: <b>FOCUS AUTO PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		