

ASSIGNMENTSurveyor: RASULDOI: 18/05/2022Date / Time : 17/05/2022Registered in Merimen: 22/05/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNC 8738XClaim No. : MFL2022D0002571Name of Insured : GRAB RENTALS PTE LTDPolicy No. : D21MFL0000447_01

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 16/05/2022 10:00Place of Accident : EWE BOON ROAD (NEAR PALM SPRING CONDO)

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**SHC 4018MINSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 4018M	CC3/AIG1600112/K1yb3q2 03/05/2016 SHC 4018M SGZ 2720Y 03/01/2016 04/05/2016	16/12/2019
	CC3/CTI18002252/Gdb3q2 16/12/2019 SHC 4018M SKZ 6252H 31/01/2018 16/12/2019	16/12/2019
	NA/AIG16016572/h4 02/09/2016 GOH TECK YONG GBD 8132E SHC 4018M 01/09/2016 05/09/2016	05/09/2016
	NS/INC12018814/R1qd1 24/10/2012 SHC 4018M YK 4721Y 26/09/2012 01/11/2012	01/11/2012
	NS/INC18001055/R1vbe2 02/03/2018 SHC 4018M SKK 7897U 13/01/2018 06/03/2018	06/03/2018
SNC 8738X - X		
	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: <u>L/sum</u>	S\$ <u>2,750.00</u> (<u>5</u> days) Reduction: <u>82</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>14/10/2022</u> Confirm with <u>Lee Gek</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>2,750.00</u>	
Loss of Rental (LOR):	S\$ <u>760.27</u> (<u>7</u> days) x \$108.61	
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)	
Loss of Income (LOI):	S\$ <u>280.00</u> (\$ <u>40</u> x <u>7</u> days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	S\$ <u>7.00</u>	
Medical:	S\$ _____	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	
Legal Cost	S\$ _____	
Total:	S\$ <u>3,797.27</u> Global Sum S\$: <u>3,790.00</u>	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	S\$ <u>3,790.00</u> Name 1: <u>Strides Taxi Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$600.00