

**ASSIGNMENT**

Surveyor:

**THEVAN**DOI: **29/06/2022**Date / Time : **29/06/2022**Registered in Merimen: **29/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNC 4722S**

Claim No. : \_\_\_\_\_

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **24.06.22 18:57**

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****SMF 9732B**INSRS:  
WSP: **PREMIER**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                   | SMF 9732B - X                     | SNC 4722S - 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:</b>                          | <b>Handler</b> <b>Typist</b>                      |
|                                              |                                   |                                                                                       | Notification ltr (if non-pickup)                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | After call ltr to OI:                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Authorisation To Act:                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Release Voucher:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Final Repair Bill:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Car Rental Invoice:                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Towing Invoice                                            | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | LTA / GIA :                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Medical Bill:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | PIR:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Mandate/Reject Instruction:                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | LOD                                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Payment Breakdown Form:                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Post-Repair Photos:                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                              |                                   |                                                                                       | Others:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                    | Date/Time:                        | Sent By:                                                                              |                                                           |                                                   |
| <b>FINALIZATION</b>                          | Date/Time:                        | Confirm with:                                                                         | Confirm by:                                               |                                                   |
| Repair Cost: <b>L/sum</b>                    | S\$ <b>4,200.00</b>               | ( <b>4</b> days) Reduction: <b>40</b> %                                               | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                      | Date/Time: <b>10/12/2022</b>      | Confirm with <b>WENNIS</b>                                                            | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/>                     |
| Final Liability:                             | % <b>50</b>                       | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                         | If NO or B 28, Ass. Lia :                                 |                                                   |
| Repair Cost: <b>4,494.00</b>                 | S\$ <b>2,247.00</b>               | <b>w/GST</b>                                                                          |                                                           |                                                   |
| Loss of Rental (LOR): <b>802.50</b>          | S\$ <b>401.25</b>                 | ( <b>5</b> days) <b>X \$150 w/GST</b>                                                 |                                                           |                                                   |
| Loss of Use (LOU):                           | S\$ (\$ x days)                   |                                                                                       |                                                           |                                                   |
| Loss of Income (LOI):                        | S\$ (\$ x days)                   |                                                                                       |                                                           |                                                   |
| LOR only <input checked="" type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                           |                                                   |
| GIA/LTA Search                               | S\$ <b>7.45</b>                   |                                                                                       |                                                           |                                                   |
| Medical:                                     | S\$                               |                                                                                       | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                                   |
| Disbursement:                                | S\$                               | (e.g. Tow/ Independent )                                                              | 2) Report Format: <b>TP</b>                               |                                                   |
| Legal Cost                                   | S\$                               |                                                                                       | 3) Survey fee: <b>\$350.00</b>                            |                                                   |
| <b>Total:</b>                                | S\$ <b>2,655.70</b>               | <b>Global Sum S\$: 2,600.00</b>                                                       |                                                           |                                                   |
| <b>FINAL PAYMENT</b>                         | Date/Time:                        | Confirm with:                                                                         | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/>                     |
| Payee 1:                                     | S\$ <b>2,600.00</b>               | Name 1: <b>Premier Automotive Services Pte Ltd</b>                                    |                                                           |                                                   |
| Payee 2: (Strike if N.A.)                    | S\$                               | Name 2:                                                                               |                                                           |                                                   |
| Payee 3: (Strike if N.A.)                    | S\$                               | Name 3:                                                                               |                                                           |                                                   |