15/5/2010

INS. CASE OWNER:

CC4/GRB22006524/Tea3

LKK:

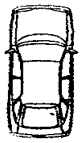
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 06/07/2022 Date / Time : 05/07/2022

Registered in Merimen: 04/07/2022 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 7898U Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. : D21MFL0000447_01

Insured Tel No. : HP: Make / Model : Mazda 3

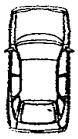
Excess Sec II :S$ D.O.A : 03/07/2022 16:20 Place of Accident : Lower Delta Rd, Singapore

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

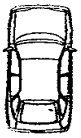
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

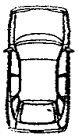
SHC 1505T → → →



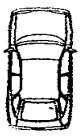
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHC 1505T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC/AIG09006468/D XX 06/04/2009 SHC 1505T SBZ 9933M 05/04/2009 28/08/2012 JIB CC3/AIG09007528/Fajp2 04/09/2009 SHC 1505T SBZ 9933M 05/04/2009 14/12/2010 TCE CC4/III15003915/T1ja3s2 23/02/2016 SJZ 6707A SHC 1505T 03/02/2015 23/02/2016 HMK CS/TSI15005229/Dgbu2 14/04/2015 SHC 1505T YN 934K 26/03/2015 15/04/2015 CKL
SLM 7898U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC18015981/r3 03/09/2018 REBECCA ASHLEY WONG YASHI (REBECCA ASHLEY HUANG YA SJN 2543U SLM 7898U 02/09/2018 06/09/2018 RBW

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:	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:	