15/5/2010

INS. CASE OWNER:

CC4/GRB22006574/Dga3

LKK:

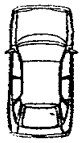
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: Date / Time : 12/07/2022

Registered in Merimen: 12/07/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 1774E Claim No. :

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

Insured Tel No. : HP: Make / Model : MAZDA3 SEDAN 1.5 AT EU6

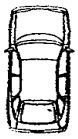
Excess Sec II :S$ D.O.A : 07/07/2022 17:20 Place of Accident : Thomson Rd, Singapore

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

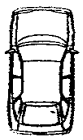
If **NO**, Driver Name / Age : GUNASAEGARAN S/O KANAPATHY OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

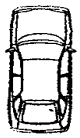
SHC 8490E → → →



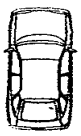
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHC 8490E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/INC09004691/Cvn 02/04/2009 SHC 8490E SCN 4701A 21/02/2009 07/04/2009 TFC
	CS/RSI13017287/Ytbu2 23/10/2013 SHC 8490E GU 3247S 16/09/2013 30/10/2013 CKE
	CS/SMR22003434/y3 13/04/2022 SHC 8490E SHB 5308A 12/04/2022 SML
	CS3/FCI17021879/M1bs2 08/12/2017 SJE 7025M SHC 8490E 10/11/2017 08/12/2017 NVT
SLW 1774E - 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:	

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:	