

ASSIGNMENT

Surveyor: XING GUO QIANG

DOI: 15/07/2022

Date / Time : 15/07/2022

Registered in Merimen: 14/07/2022 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4382X

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 : 13/07/2022 16:40

Place of Accident : Upper E Coast Rd, Singapore

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

If **NO**, Driver Name / Age : NG HONG ZI

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

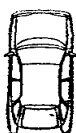
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SHD 8646T



INRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Created By	DATE / PIC
SHD 8646T - Reference NS/INC20009012/T1/qf3s2	07/09/2020	SHD 8646T GBE 1781Y	24/08/2020 07/09/2020	ST1
SLK 4382X - X			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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 2,488.24 (5 days)	Reduction: 67 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 13/06/2023	Confirm with: Kazali	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost: 7%GST	S\$ 2,662.42			
Loss of Rental (LOR):	S\$ 751.14 (6 days)	X \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 240.00 (\$ 40 x 6 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[Tick only one]		
GIA/LTA Search	S\$ 7.45			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
Total:	S\$ 3,661.01	Global Sum S\$: 3,660.00	1) Claim status: Normal/Reject/Private Settlement	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 3,660.00	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		