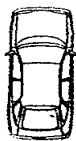


ASSIGNMENT

Surveyor: **ADRIAN** DOI: _____ Date / Time : **11.10.2022**
 Registered in Merimen: **11.10.2022**

Pre-assign / CCU / FTE

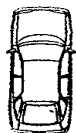
Insured Vehicle No. : **SLW 5324U** Claim No. : _____
 Name of Insured : **GRAB RENTALS PTE LTD** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$ D.O.A : **06.10.2022** Place of Accident : **NEWTON CIRCUS**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

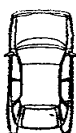
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SLE 6164C**

INSRS:
WSP: **AUTO UNITED**
Tel : **SG PTE LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SLE 6164C	CS3/CTI22007818/Rcy3m4 29/08/2022 SMH 363G SLE 6164C 13/08/2022 30/08/2022	Non-Reporting ltr (1st):	
	NBA/CTI22009839/Y 05/10/2022 HENG CHEE KIANG SLE 6164C SLW 5324U 06/10/2022 10/10/2022	Non-Reporting ltr (2nd):	
SLW 5324U	NBA/CTI22009839/Y 05/10/2022 HENG CHEE KIANG SLE 6164C SLW 5324U 06/10/2022 10/10/2022	Non-Reporting ltr (Final):	
		Notification ltr (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\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
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: _____		