

ASSIGNMENTSurveyor: **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 : _____

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

Driver Tel No. : _____ (V/L: 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: L/SUM	S\$ 6,500.00 (7 days) Reduction: 43 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 01/06/2023 Confirm with Apple	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 6,500.00		
Loss of Rental (LOR):	S\$ 1,000.00 (10 days) X \$100		
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\$ 38.45		
Medical:	S\$		1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$500.00
Total:	S\$ 7,538.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 7,500.00 Name 1: AUTO UNITED SG PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		