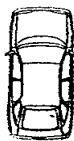


ASSIGNMENTSurveyor: SteveDOI: 14/10/2022Date / Time : 14/10/2022Registered in Merimen: 14/10/2022**Pre-assign / CCU / FTE**

Insured Vehicle No. : SML 7624L
 Name of Insured : GRAB RENTALS PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 10.10.2022

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

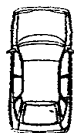
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

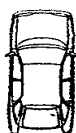
Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**SLR 8218A

INSRS:
WSP: LION CITY
Tel : RENTALS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 8218A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	CS/FC18007619/Vvbn2 04/07/2018 SLR 8218A SHC 1470J 21/04/2018 04/07/2018 CK		
SML 7624L - 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: <u>L/Sum</u> S\$ <u>3,200.00</u> (<u>6</u> days) Reduction: <u>45</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>06/07/2023</u> Confirm with <u>Soon Hoo</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>3,456.00</u>			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$		1) Claim status: Normal/ Reject/Private Settlement	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$		3) Survey fee: <u>\$350</u>	
Total: S\$ <u>3,823.45</u> Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>3,823.45</u>	Name 1: <u>LION CITY RENTALS PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		