

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **04/11/2022**Registered in Merimen: **06/11/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLL 9144D**

Claim No. : _____

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **30/10/2022 11:45**

Place of Accident : _____

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****SHF 178U**INSRS:
WSP: **STRIDES**
Tel :
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
SHF 178U -	CC3/CAI15013830/K1ya3v2	14/11/2015	SHF 178U YM 5457T	13/08/2015	16/11/2015	CVY	Non-Reporting ltr (1st):	
	CS/SMR21007351/Euf3e2	11/10/2021	SLP 8805R SHF 178U	02/07/2021	11/10/2021	LSF	Non-Reporting ltr (2nd):	
SLL 9144D - X							Non-Reporting ltr (Final):	
							Notification ltr (if non-pickup):	
							Call OI:	
							After call ltr to OI:	
							Documentation Check List:	
							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:	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:					