

ASSIGNMENTSurveyor: BryanDOI: 06/12/2022Date / Time : 05.12.2022Registered in Merimen: 05.12.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SNC 2169C

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA PRIUS PLUS (AUTO)Excess Sec II :\$ _____ D.O.A : 30/11/2022

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**SKP 8681SINSRS:
WSP: C. S. ONG
Tel : AUTO PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
<u>SKP 8681S - X</u>				
<u>SNC 2169C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By</u>				
<u>CS3/GRB21012831/R1vf3e2 28/12/2021 SKR 8909B SNC 2169C 17/12/2021 28/12/2021 LST1</u>				
<u>CS3/GRB21012831/Rvf3e2-1 23/02/2022 SKR 8909B SNC 2169C 17/12/2021 23/02/2022 FWL</u>				
			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>500.00</u> (<u>2</u> days) Reduction: <u>99</u> %			Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>14/07/2023</u> Confirm with <u>CS Ong</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>540.00</u>				
Loss of Rental (LOR): S\$ <u>898.80</u> (<u>7</u> days) <u>@\$120 w/GST</u>				
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\$ <u>38.45</u>				
Medical: S\$			1) Claim status: Normal/ Reject/Print Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$			3) Survey fee: <u>\$600</u>	
Total: S\$ <u>1,477.25</u>	Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ <u>1,477.25</u>	Name 1: <u>C. S. ONG AUTO PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			