

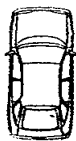
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **08/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMV 6258P**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **KIA NIRO HYBRID 1.6 GDI DCT****Excess Sec II :S\$** _____ D.O.A : **06.12.22**

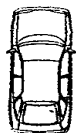
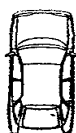
Place of Accident : _____

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****SH 9408G**INSRS: **CDGE**
WSP: **LOYANG**
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
SH 9408G	CS/FCI19011704/Atd3n2	16/07/2019	SLE 9351J	SH 9408G	30/06/2019	17/07/2019	ATS	
SMV 6258P - X	CS/TMI22010873/Gvy3q2	31/10/2022	SH 9408G	SLH 8929J	18/10/2022	31/10/2022	NM	
							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:	☐
							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)			1) Claim status: Normal/Reject/Private Settle			
Legal Cost	S\$				2) Report Format:			
						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:						