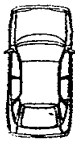


ASSIGNMENTSurveyor: NazrilDOI: 08/12/2022Date / Time : 08/12/2022

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 DCTExcess Sec II :\$ _____ D.O.A : 06.12.22

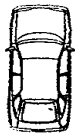
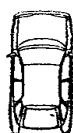
Place of Accident : _____

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 9408GINSRS: 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:	
							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:	<u>L/Sum</u>	S\$ <u>1,850.00</u>	(<u>2</u> days)	Reduction:	<u>34</u>	%	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>14/07/2023</u> Confirm with: <u>Kazali</u> Email ☒ Call ☐								
Final Liability:	%	<u>50</u>	(Agreed / Assessed)	BOLA S/N No. :	<u>Nil</u>		If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$	<u>989.75</u>			<u>(\$1,979.50)</u>			
Loss of Rental (LOR):	S\$	<u>250.38</u>	(<u>4</u> days)	@	<u>\$125.19</u>	<u>(\$500.76)</u>		
Loss of Use (LOU):	S\$		(\$ <u>40</u> x <u>4</u> days)			<u>(\$160.00)</u>		
Loss of Income (LOI):	S\$	<u>80.00</u>	(\$ <u>40</u> x <u>4</u> days)			<u>(\$160.00)</u>		
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 Settle					
Disbursement:	S\$		(e.g. Tow/ Independent)					
Legal Cost	S\$		2) Report Format: <u>TP</u>					
			3) Survey fee: <u>\$350</u>					
Total:	S\$	<u>1,327.58</u>	Global Sum S\$:					
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐								
Payee 1:	S\$	<u>1,327.58</u>	Name 1:	<u>COMFORTDELGRO ENGINEERING PTE LTD</u>				
Payee 2: (Strike if N.A.)	S\$		Name 2:					
Payee 3: (Strike if N.A.)	S\$		Name 3:					