

ASSIGNMENTSurveyor: **MARCUS**DOI: **03.01.2023**Date / Time : **03.01.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLR 4743B**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **MAZDA3 SEDAN 1.5 AT EU6**Excess Sec II : \$ _____ D.O.A : **30.12.2022**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

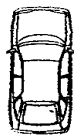
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMU 9308PINSRS:
WSP: **Choo Motor**
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
SMU 9308P -	NA/CTI20014635/h4 29/12/2020 NG KOK LEONG THOMAS SMU 9308P SBN 2848K 26/12/2020 03/02/2021 LSH	
	NA/CTI22013031/d4 30/12/2022 NG KOK LEONG THOMAS SMU 9308P SLR 4743B 30/12/2022 30/12/2022 NVT	
	NBA/CTI22012535/Y 15/12/2022 NG KOK LEONG THOMAS SMU 9308P SMD 6845J 14/12/2022 30/12/2022 RBA	
SLR 4743B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By (Final):	
	NA/CTI22013031/d4 30/12/2022 NG KOK LEONG THOMAS SMU 9308P SLR 4743B 30/12/2022 30/12/2022 NVT	
	NA/INC18008225/k4 05/05/2018 WONG HO KI SJN 8839C SLR 4743B 04/05/2018 09/05/2018 KSG	
	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: L/SUM	\$S\$ 7,100.00 (5 days) Reduction: 63 %	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 07/06/2023 Confirm with Jason	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	\$S\$ 7,100.00	
Loss of Rental (LOR):	\$S\$ (_____ days)	
Loss of Use (LOU):	\$S\$ 360.00 (\$ 60 x 6 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: TP
Legal Cost	\$S\$	3) Survey fee: \$600.00
Total:	\$S\$ 7,460.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	\$S\$ 7,460.00 Name 1: Choo Motor Spray Painter	
Payee 2: (Strike if N.A.)	\$S\$ Name 2:	
Payee 3: (Strike if N.A.)	\$S\$ Name 3:	