15/5/2010

INS. CASE OWNER: CC4/GRB23001173/Kpa3

LKK:

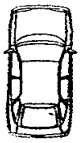
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02.02.2023 Date / Time : 31.01.2023

Registered in Merimen: 04.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 4222P Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

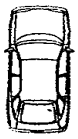
Excess Sec II :S$ D.O.A : 31.12.2022 18:30 Place of Accident :

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

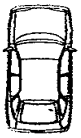
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

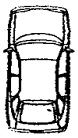
SLX 6599G → → →



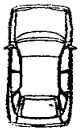
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLX 6599G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident D	ate Close Date Created By
	NA/INC18012802/z4 13/07/2018 NG YEE LOONG (WU YILONG) SLX 6599G GBG 7421L 12/07/2018	17/07/2018 HZT
SLM 4222P - X		

DATE / PIC	
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: L/SUM S$ 1,350.00 (3 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/06/2023 Confirm with JOSEPH Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: 8%GST S$ 1,458.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 180.00 ($ 60 x 3 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]

GIA/LTA Search S$ 26.75

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: $350.00

Total: **S$** 1,664.75 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,664.75	Name 1:	Optima Werkz Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	