15/5/2010

INS. CASE OWNER:

CC4/GRB23001270/Kpa3

LKK:

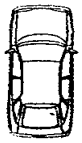
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 07/02/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 3950G

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 02.02.2023 18:00

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

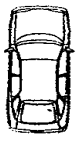
Make / Model : Toyota PRIUS HYBRID 1.8 CVT

Place of Accident :

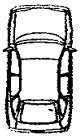
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

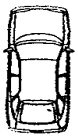
SKM 8873X → → →



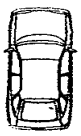
INSRS:
WSP: ALAN'S
Tel : UNITED
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKM 8873X - X	
SLQ 3950G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/MSG19010493/Uqd3n2 10/07/2019 SLJ 2292R SLQ 3950G 12/06/2019 11/07/2019 NV3	

STAGE	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$ 7,200.00 (5 days) Reduction: 44 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/05/2023 Confirm with Kenny Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 7,776.00	
Loss of Rental (LOR):	S$ 720.00 (6 days) X $120	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $500.00
Total:	**S$** 8,522.75 **Global Sum S$:**	

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

Payee 1:	S$ 8,522.75	Name 1:	Alan's United Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	