15/5/2010

INS. CASE OWNER:

CC4/GRB23001417/Kpa3

LKK:

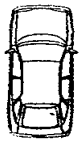
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 09.02.2023

Registered in Merimen: 09.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 8690B

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/02/2023 10:45

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model : TOYOTA PRIUS HYBRID 1.8 CVT

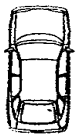
Place of Accident : Jalan Bukit Merah, Singapore

Nature of Accident :

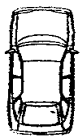
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

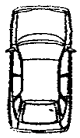
SKP 626E →



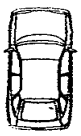
INSRS:
WSP: Thiam Heng Huat Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKP 626E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS3/CTI21011887/Cqy3n2 26/11/2021 SKP 626E GBB 2282E 20/11/2021 26/11/2021 NMY NA/CTI21011845/r3 22/11/2021 DURAISAMY SAATHISH GBB 2282E SKP 626E 20/11/2021 25/11/2021 RSW	Non-Reporting ltr (1st):	
SLG 8690B - X		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$ 2,000.00 (3 days)	Reduction: 68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/05/2023	Confirm with STEVEN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 2,160.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 240.00 ($ 60 x 4 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: $350.00
Total:	**S$** 2,426.75	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$2,426.75	Name 1:	Thiam Heng Huat Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	