

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **15.02.2023**Registered in Merimen: **16.02.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLH 9084P**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **Toyota PRIUS HYBRID 1.8 CVT**Excess Sec II :\$ _____ D.O.A : **14.02.2023**

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****SKZ 6767P**INSRS:
WSP: **RYDER**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SKZ 6767P - X				
SLH 9084P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reporting By			Non-Reporting Itr (1st):	
CS/FCI18009361/Krd3e2 28/06/2018 SLH 9084P SHC 8356K 04/05/2018 28/06/2018 NKT			Non-Reporting Itr (2nd):	
NBA/INC18003886/Y 28/02/2018 NG ENG THIAM SKL 5848U SLH 9084P 15/01/2018 13/03/2018 BBA			Non-Reporting Itr (Final):	
			Notification Itr (if non-pickup):	
			Call OI:	
			After call Itr to OI:	
			Documentation Check List:	
			Handler	Typist
			Notification Itr (if non-pickup)	☐
			After call Itr 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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. :			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ _____				
Loss of Rental (LOR): S\$ _____ (_____ days)				
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\$ _____				
Medical: S\$ _____			1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format:	
Legal Cost S\$ _____			3) Survey fee:	
Total: S\$ _____ Global Sum S\$:				
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐	Call ☐
Payee 1: S\$ _____ Name 1: _____				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				