

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **14.03.2023**Registered in Merimen: **14.03.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SNB 1732M**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **KIA SELTOS 1.4 DCT****Excess Sec II : S\$** _____ D.O.A : **12/03/2023 16:40**Place of Accident : **Cairnhill Rd, Singapore**

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

TOWARDS GRANGE ROAD

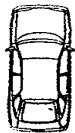
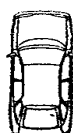
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SHB 4891M**INSRS:
WSP: **DING**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SNB 1732M - X			
SHB 4891M - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CC3/AIG09006391Y	27/04/2009 SHB 4891M SGE 456J 30/03/2009 28/04/2009 TCC	Non-Reporting ltr (2nd):	
CC3/AIG13016794Y	a212y 11/10/2013 SHB 4891M SGE 5591T 09/09/2013 18/10/2013 SBS	Non-Reporting ltr (Final):	
CC3/AXA11021633/H1q1dc1	19/03/2012 SHB 4891M SJJ 9991J 19/10/2011 23/03/2012 CXC	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	S\$ 4,600.00 (7 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 14/06/2023 Confirm with Sarah	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 4,968.00		
Loss of Rental (LOR):	S\$ 1,080.00 (9 days) X \$120		
Loss of Use (LOU):	S\$ (\$ 90 x 4 days)		
Loss of Income (LOI):	S\$ 360.00 (\$ 90 x 4 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\$ 6,434.75 Global Sum S\$: 6,430.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 6,430.00 Name 1: Ding Automotive Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		