15/5/2010

INS. CASE OWNER:

CC4/GRB23003455/Apa3

LKK:

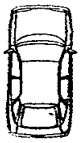
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.04.2023

Registered in Merimen: 03.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 1870X

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 31.03.2023 21:40

Is driver the owner? (YES / NO)

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

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

Claim No. : _____

Policy No. : _____

Make / Model : HONDA VEZEL HYBRID 1.5X AUTO

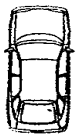
Place of Accident : _____

Nature of Accident : _____

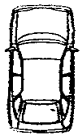
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

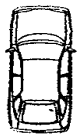
SML 6721X → _____ → _____ → _____



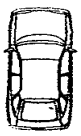
INSRS:
WSP: N-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SML 6721X - X	
SLU 1870X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC4/GRB21010283/Aga3q2 12/04/2022 SKU 7300Y SLU 1870X 04/12/2021 12/04/2022 LSL1	
CC4/GRB22008294/Apa3 28/08/2022 SJE 7377Y SLU 1870X 18/08/2022 HMK	
CS/SMR22002744/Kvy3e2 11/04/2022 SLU 1870X SHF 163L 23/03/2022 11/04/2022 NMY	
CS3/III22001733/Rcy3e2-1 11/08/2022 SJM 3663E SLU 1870X 19/02/2022 11/08/2022 RAP	
CS3/III22001733/Rtf3e2 03/03/2022 SJM 3663E SLU 1870X 19/02/2022 03/03/2022 LST1	

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:	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:	