

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **04.04.2023**Registered in Merimen: **04.04.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLP 6034L**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **29.03.2023 19:20**

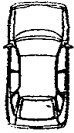
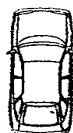
Place of Accident : _____

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****SJE 2686M**INSRS: **JL Perfect**
WSP: **Autowork**
Tel : **Pte. Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SJE 2686M - X				
SLP 6034L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date			Non-Reporting Ltr (1st):	
CS3/MSG20013066/Utd3e2 09/12/2020 GBA 3537U SLP 6034L 22/11/2020 10/12/2020			Non-Reporting Ltr (2nd):	
CS3/MSG20013066/Utd3e2-1 25/02/2021 GBA 3537U SLP 6034L 22/11/2020 26/02/2021			Non-Reporting Ltr (Final):	
			Notification Ltr (if non-pickup):	
			Call OI:	
			After call Ltr to OI:	
			Documentation Check List:	Handler
			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: 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:			