Surveyor: ADRIAN DOI: Date / Time: 10.04.2023 Registered in Merimen: 08.04.2023 (TO REPL Pre-assign / CCU/ FTE Insured Vehicle No. SLK 4775X Claim No. : Insured Time: GRAB RENTALS PTE LTD Insured Time: GRAB RENTALS PTE LTD Insured Time: Do. : Insured Time: Do. : HP: Make / Model : Insured Time: Do. : HP: Place of Accident: If NO, Driver Name / Age: Do. A; 07.04.2023 12:20 Driver Tel No.: (V/I. YES / NO) Insured Liability: % Final? Yes / NO SJK 5423D INSURED Time: DISTRIBUTION RMKS: RM	15/5/2010		CC4/GRB23003657/Apa3		LKK: IDAC:
Surveyor: ADRIAN DOI: Date / Time: 10.04.2023 Registered in Merimen: 09.94.9029 (TO REPLA Pro-ussign / CCU/ FTE	INS. CASE OWN	ER:		•	IDAC.
Pre-assign / CCU / FTE	Surveyor	ADRIAN			me: 10.04.2023
Name of Insured SLK 4775X Claim No. :	Surveyor.	7.07.07.07			
Name of Insured GRAB RENTALS PTE LTD	Pre-assign / CC	U / FTE		Registere	1 III MEHIIICII.
Name of Insured Care Car	Insured Vehicle	No. : SLK 4775X		Claim No. :	
Insured Tel No. HP Make / Model	N	GRAB RENT	ALS PTE LTD		
Excess Set II :SS		: ONAD NEIVI	ALOTTELID	Policy No.	
If NO, Driver Name / Age :	Insured Tel No.	:			
If NO, Driver Name / Age :	Excess Sec II :S	\$	_ D.O.A : <u>07.04.2023</u> 12:2	Place of Accident :	
Driver Tel No. :	Is driver the own	er? (YES / NO)	Nature of Accident :		
NSRS: WSP: N-51 WSP: NSRS: WSP: Tel: Liability:	If NO, Driver N	ame / Age :		OI GIA REPORT: YES /	NO ; TP GIA REPORT: YES / NO
INSRS: WSP: N-51 WSP: WSP: Tel: Liability: RMKS: WSP: Tel: Liability: RMKS: WSP: Tel: Liability: RMKS: RMK	Driver Te	el No. :	(V/L: YES / NO)	Insured Liability:	% Final ? Yes / No
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Documentation Check List: Handler Typist Notification ltr (if non-pickup)				Call OI:	
Notification ltr (if non-pickup)				After call 1	tr to OI:
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: RELIMINARY ADVICE RELIMINARY ADVICE Sent By: Others: INALIZATION Date/Time: Confirm with: Confirm by: Payment Breakdown Form: Post-Repair Photos: Others: INALIZATION Date/Time: Confirm with: Confirm by: Payment Breakdown Form: Post-Repair Photos: Dithers: Dither				Document	tation Check List: Handler Typist
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Car Rental Invoice				Release Vo	oucher:
Towing Invoice LTA / GIA : Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Paym					
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oss of Income (LOI): S\$ (\$ x days)			-		
				7	

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

S\$ S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time: