

ASSIGNMENT

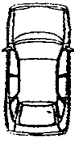
Surveyor: **ADRIAN**

DOI: _____

Date / Time : 10.04.2023

Registered in Merimen: 06.04.2023 (TO REPLACE)

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4775X

Claim No. : _____

Name of Insured : GRAB RENTALS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 07.04.2023 12:20

Place of Accident : _____

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

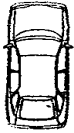
If **NO**, Driver Name / Age :

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

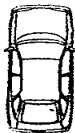
Driver Tel No. : (V/L: YES / NO)

| | | |
|---------------------|---|-------------------------|
| Insured Liability : | % | Final ? Yes / No |
|---------------------|---|-------------------------|

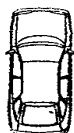
SJK 5423D



INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability: **PTE LTD**
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| | | | |
|---|------------------------------|---|--|
| Date/ Time | | | |
| SJK 5423D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | | DATE / PIC | |
| NA/TMI21009307/r3 03/09/2021 MUHAMMAD DANISH AKID BIN MOHD AZMAN SJK 5423D RBF 8557/L 02/09/2021 22/09/2021 RBW | | | |
| SLK 4775X - X | | 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) | <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | | Sent By: | Post-Repair Photos: <input type="checkbox"/> |
| | | | Others: <input type="checkbox"/> |
| FINALIZATION Date/Time: | | Confirm with: | Confirm by: |
| Repair Cost: | S\$ (days) | Reduction: % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: | | Confirm with | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [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 <input type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: | S\$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | |