15/5/2010

INS. CASE OWNER:

CC6/GRB23004322/Uya3

LKK:

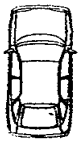
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 27/04/2023 Date / Time : 27.04.2023

Registered in Merimen: 27.04.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 4720S Claim No. :

Name of Insured : GRAB RENTALS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

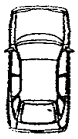
Excess Sec II :S$ D.O.A : 20/04/2023 16:00 Place of Accident : CTE TOWARDS JURONG (BUKIT TIMAH)

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

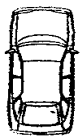
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

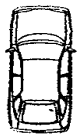
SJD 3688G →



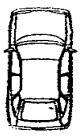
INSRS:
WSP: Choo Motor
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJD 3688G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC6/AIG10022017/Ka2f2q2 28/01/2011 SJD 3688G SFP 8046K 30/10/2010 31/01/2011 KWS~~ ~~CC6/AIG12024600/Ka2a3q2 28/02/2013 SJD 3688G SFC 800X 15/12/2012 04/03/2013 HMK~~ ~~CS/AXA09022738/Kbr1 16/11/2009 SGH 3927G SJD 3688G 02/09/2009 17/11/2009 CYY~~ ~~CS/CTI21010763/y3XX 19/10/2021 SJD 3688G SKF 1509G 15/10/2021 05/04/2023 NMY~~ ~~NBA/CTI23004092/Y 20/04/2023 MAO LINGLI SJD 3688G SLR 4720S 20/04/2023 26/04/2023 RBA~~
SLR 4720S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~NBA/CTI23004092/Y 20/04/2023 MAO LINGLI SJD 3688G SLR 4720S 20/04/2023 26/04/2023 RBA~~

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:	