15/5/2010

INS. CASE OWNER:

CC4/GRB23004676/ya3

LKK:

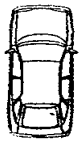
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.05.2023

Registered in Merimen: 09.05.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SMY 4631S

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 26.04.2023 17:15

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : SLIP ROAD FROM UPPER EAST COAST ROAD TOWARDS LAGUNA FLYOVER.

Nature of Accident : _____

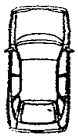
If **NO**, Driver Name / Age :

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

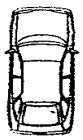
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

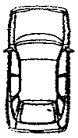
SGZ 6396Z → _____ → _____ → _____



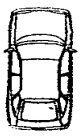
INSRS:
WSP: FORZA AUTOHAUS PTE. LTD.
Tel :
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGZ 6396Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC6/AIG09022918/Ubg1 23/10/2009 SGZ 6396Z SGN 7472T 08/10/2009 26/10/2009 CYY
	NA/AIG21003284/h4 12/03/2021 QUEK CHON HENG SMQ 2203A SGZ 6396Z 11/03/2021 07/04/2021 LSH
SMY 4631S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS3/GRB21007566/Eny3e2-1 17/11/2022 FBQ 6474M SMY 4631S 18/06/2021 17/11/2022 NMY
	CS3/GRB21007566/Etf3e2 28/07/2021 FBQ 6474M SMY 4631S 18/06/2021 28/07/2021 LST1
	CS3/GRB21010004/Vuf3e2 08/10/2021 GBG 5331B SMY 4631S 25/09/2021 08/10/2021 LST1
	CS3/GRB21010004/Vuf3e2-1 27/12/2021 GBG 5331B SMY 4631S 25/09/2021 29/12/2021 LST1

DATE / PIC
Non-Reporting ltr (1st):
Non-Reporting ltr (2nd):
Non-Reporting ltr (3rd):
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:	