15/5/2010

INS. CASE OWNER:

CC4/GRB23005173/pa3

LKK:

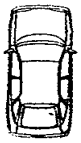
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 22.05.2023

Registered in Merimen: 22.05.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 3944J

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 06/05/2023 13:13

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : AYE(CITY) BEFORE ALEXANDRA ROAD EXIT. LANE 1&2

Nature of Accident : _____

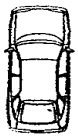
If **NO**, Driver Name / Age :

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

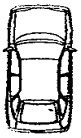
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

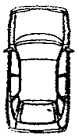
SLX 5475L → _____ → _____ → _____



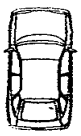
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLX 5475L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC3/MSG20006509/Usf3s2 13/07/2020 SLX 5475L SLG 913L 20/06/2020 13/07/2020 LST1		
SLT 3944J - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC4/GRB23001485/Upa3 13/02/2023 SLA 3851T SLT 3944J 02/02/2023 HMK		

						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:		
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:	