

**ASSIGNMENT**Surveyor: **MARCUS**

DOI: \_\_\_\_\_

Date / Time : **22.05.2023**Registered in Merimen: **23.05.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLR 2657E**

Claim No. : \_\_\_\_\_

Name of Insured : **GRAB RENTALS PTE LTD**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

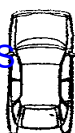
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **18/05/2023 20:00**Place of Accident : **BEFORE BEDOK RESERVOIR ROAD JUNCTION**

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****SDR 8680S**INSRS: **ZOOM**  
WSP: **AUTOWERKS**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
SDR 8680S	NBA/AIG23005129/Y 19/05/2023 TEO ENG HOCK SDR 8680S SLR 2657E 18/05/2023 SBA	
SLR 2657E	NBA/AIG23005129/Y 19/05/2023 TEO ENG HOCK SDR 8680S SLR 2657E 18/05/2023 SBA	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost:	S\$ ( _____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	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:
<b>Total:</b>	<b>S\$</b> _____ <b>Global Sum S\$:</b> _____	
<b>FINAL PAYMENT</b>	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: _____	