15/5/2010

INS. CASE OWNER:

CC4/GRB23005865/ya3

LKK:

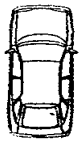
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09.06.2023

Registered in Merimen: 09.06.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4320A

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 06/06/2023 19:40

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Nature of Accident : _____

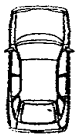
If **NO**, Driver Name / Age :

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

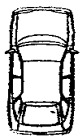
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

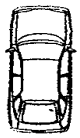
SNC 9532R → _____ → _____ → _____



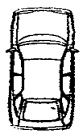
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNC 9532R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/CTI23004830/Kya3 11/05/2023 SGD 9090B SNC 9532R 29/04/2023 HMK CS/CTI22012430/Aqp3q2 02/03/2023 SKU 6117S SNC 9532R 07/12/2022 03/03/2023 RAP NA/CTI22012301/r3 08/12/2022 MOHD FIROS BIN JAMALUDIN SNC 9532R SKU 6117S 07/12/2022 28/12/2022 RBW NA/CTI23004504/d4 04/05/2023 MOHD FIROS BIN JAMALUDIN SNC 9532R SGD 9090B 29/04/2023 05/05/2023 NVT NA/CTI23005815/J 08/06/2023 KARUNAKARAN S/O RAMAYAH SNC 9532R SLK 4320A 06/06/2023 SBK
SLK 4320A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI17015019/Utbn2 30/08/2017 SLK 4320A SHA 1027S 02/08/2017 30/08/2017 CKL CS3/GAI17003410/Ggh3s2 19/04/2017 FBJ 6295A SLK 4320A 15/02/2017 21/04/2017 CCY NA/CTI23005815/J 08/06/2023 KARUNAKARAN S/O RAMAYAH SNC 9532R SLK 4320A 06/06/2023 SBK

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