15/5/2010

INS. CASE OWNER:

CC4/GRB23006282/pa3

LKK:

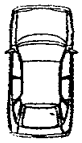
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20.06.2023

Registered in Merimen: 19.06.2023 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 7356K

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 18/06/2023 14:15

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : 91 Grange Rd, Singapore 249613

Nature of Accident : _____

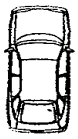
If **NO**, Driver Name / Age : ALEX TAY CHIN JOO (ZHENG JIANYU)

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

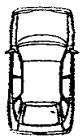
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

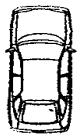
SHC 8311P → _____ → _____ → _____



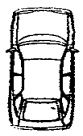
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHC 8311P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/AIG10003135/Cb2q1h 20/04/2010 SHC 8311P SJQ 4924A 11/02/2010 23/04/2010 CPH~~ ~~CC3/AIG15017044/M1wv3q2 27/11/2015 SHC 8311P SJY 287P 06/10/2015 30/11/2015 LVF~~ ~~CS/III12011868/Gfn 16/07/2012 SFZ 6074P SHC 8311P 15/06/2012 19/07/2012 LPY~~ ~~NA/MSG13003702/m2 25/02/2013 TENG KIM YUEN EN 2828H SHC 8311P 23/02/2013 27/02/2013 NRM~~ ~~NJA/TIC10004201/y1 02/03/2010 YU JIANG DONG GZ 392Z SHC 8311P 01/03/2010 11/03/2010 YCC~~ ~~NS/INC23005692/Nnp3m4 19/06/2023 SHC 8311P FBS 2103A 01/06/2023 19/06/2023 RAP~~
SLS 7356K - X	

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:	