

ASSIGNMENT

Surveyor: Kenneth DOI: 21.2.14 Assg Date: 21.2.14

Pre-assign / CCU / FTE 11/11/15



Insured Vehicle No.: FX 764 Claim No.: 00917A7
 Name of Insured: Nashuddin Bin Abd Manaf Policy No.: P1431870
 Insured Tel No.: _____ HP: _____ Make / Model: Yamaha
 Excess Sec II :SS X D.O.A: 24.12.13 Place of Accident: Selangor Rd To Boon Leng Rd

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

PA 78714 INSR: _____ WSP: <u>K Kim Hin</u> Tel: _____ Liability: _____ RMKS: _____	INSR: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	INSR: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	INSR: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____
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Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
<u>3.2</u>	Is driver the owner? (YES / NO)	Finalisation:	
<u>20/1/08</u>	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number:	Apt letter to OI:	
	Insurance Company:	Call OI:	
	<u>PA 78714 - CCB / AIG 10020870 / Aq/K2 / 16.10.10</u>	After call ltr to OI:	
	<u>NA / NC 08030997 / pl / 16.12.18</u>	Type Report:	
	<u>FX 764 - CCB / AXA 13024628 / Ksy / 24.12.13</u>	Prepare Invoice:	
	<u>NA / NC 13024001 / B / 24.12.13</u>	Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>

Dear case handler - kindly take note that OI did not send any papers days after the accident.

Plc refer to the reference number. OI received 2 columns. An inventory parties comprise of list 3 vehicles at the scene of accident.

kindly check with another case handler before the settlement.

COPY SENT
16.11.17

TP did not submit IOI up to date.

FINAL SETTLEMENT		Date:	<u>13/10/17</u>	Confirm with	<u>William</u>	
Repair Cost:	<u>SS 1,655.83</u>	Final Liability	<u>100%</u> (Agreed / Assessed)	BOLA S/N No.:	<u>nil</u>	
Loss of Rental:	<u>SS</u>	days		If NO or B 28, Ass. Lia:		
Loss of Use:	<u>SS 480.00</u>	<u>(120x 4 days)</u>		Format Type:		
Disbursement:	<u>SS 2.00</u>					
Total:	<u>SS 2,137.83</u>	Global Sum:	<u>SS</u>	<u>Survey fee 250/-</u>		

K. Kim Hin Auto Pte Ltd → 2,137.83

To charge balance \$10 of Survey fee from AXA