

ASSIGNMENT

DOI: 8/2/18

Date / Time: 8/2/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

PC 6461 H

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

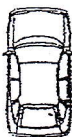
Place of Accident:

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

Insured Liability: %

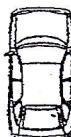
Final ? Yes / No

SHB 1973E

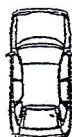


INSRS:
WSP:
Tel:
Liability:
RMKS:

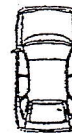
Smr1



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

29/12
VIAVAN

SHB1973E - 031MCH 17016911 K140357 ; VOA: 2011/1/1
PC6461H, X

8/2/18 OME.

end video to AXH

29/12/18

seek mandati via SMART

mandati approve via SMART

Email From SMART to request TP call

Email to Workshop request claims

Enginid Melim S.C Auto.

TP DENIED RESOLUTION. Insured on 100%.

18/1/19

seek AXH instruction.

AXH instructed to seek.

TP accepted offer. All done in order

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:

8/2/18 - UH

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:

SS

(

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : NIL.

If NO or B 28, Ass. Lia :

Repair Cost:

SS 4,081.51

Loss of Rental (LOR):

SS 585.15

(

5 days) x \$ 116.03

Loss of Use (LOU):

SS -

(

x 1 days)

Loss of Income (LOI):

SS 250.00

(

\$ 50 x 5 days)

LOR only ☐ LOU only ☐

LOR + LOU ☐

LOR + LOI ☒

[Tick only one]

GIA/LTA Search

SS 7.00

Medical:

SS -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

SS -

(e.g. Tow/Independent)

2) Report Format:

Legal Cost

SS -

3) Survey fee:

\$ 350.00

Total:

SS 4,921.66

Global Sum SS: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS 4,900.00

Name 1:

SHRT TAXI PTB LTD

Payee 2: (Strike if N.A.)

SS -

Name 2:

Payee 3: (Strike if N.A.)

SS -

Name 3: