

15/3/2010

INS. CASE OWNER:

Sharon

CC4 / AIG180 03383 / Kjs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

22/02/13

Date / Time:

22/02/13

Registered in Merimen:

22/02/13

Pre-assign / CCU / FTE



Insured Vehicle No. : PLG 27097

Claim No. : 434291717156

Name of Insured : GOH SON HUI

Policy No. : 210042745

Insured Tel No. : HP: 9615 5535

Make / Model : MAZDA CLUBMAN

Excess Sec II : \$\$ D.O.A. : 11/02/13

Place of Accident : BALESTER CALTEX

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

SJL 3275R



INSRS: WSP: Hua meng  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                            | STAGE                             | DATE / PIC               |
|---------------------------------------|-----------------------------------|--------------------------|
| <u>SJL 3275R - NABINC 17022574/24</u> | Non-Reporting ltr (1st):          | <u>DOA: 24/11/17</u>     |
| <u>J- NABINC 1900282177</u>           | Non-Reporting ltr (2nd):          | <u>DOA: 11/02/13</u>     |
| <u>PLG 27097 - NABINC 1800282177</u>  | Non-Reporting ltr (Final):        | <u>DOA: 11/02/13</u>     |
| <u>oskela (jay)</u>                   | Notification ltr (if non-pickup): |                          |
|                                       | Call OI:                          |                          |
|                                       | After call ltr to OI:             |                          |
|                                       | Documentation Check List:         | Handler Typist           |
|                                       | 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:                                      |                                   | Confirm by:  |                               |
| Repair Cost:                         | \$                                | ( 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:                         | \$                                |   |                                   |  |                               |
| Loss of Rental (LOR):                | \$                                | ( days)                                       |                                   |  |                               |
| Loss of Use (LOU):                   | \$                                | ( \$ x days)                                  |                                   |  |                               |
| Loss of Income (LOI):                | \$                                | ( \$ x days)                                  |                                   |  |                               |
| LOR only <input type="checkbox"/>    | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>            | LOR + LO <input type="checkbox"/> | [Tick only one]  |                               |
| GIA/LTA Search                       | \$                                |   |                                   |  |                               |
| Medical:                             | \$                                | 1) Claim status: Normal/Reject/Private Settle |                                   |  |                               |
| Disbursement:                        | \$                                | (e.g. Tow/ Independent)                       |                                   | 2) Report Format:  |                               |
| Legal Cost                           | \$                                | 3) Survey fee:                                |                                   |  |                               |
| <b>Total:</b>                        | \$                                | <b>Global Sum \$:</b>                         |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |                               |
| <b>FINAL PAYMENT</b> Date/Time:      |                                   | Confirm with:                                 |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/> |                               |
| Payee 1:                             | \$                                | Name 1:                                       |                                   |  |                               |
| Payee 2: (Strike if N.A.)            | \$                                | Name 2:                                       |                                   |  |                               |
| Payee 3: (Strike if N.A.)            | \$                                | Name 3:                                       |                                   |  |                               |

